

Independent Resolutions Inc.
Notice of Independent Review Decision

Independent Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (682) 238-4977

Fax: (888) 299-0415

Email: @independentresolutions.com

Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: . X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured at work on X, when a plate landed on X left foot that required multiple people 4 minutes to lift off X foot. The diagnosis was pain in left toe(s), pain in left foot, other specific joint derangements of left foot, localized edema, other specified arthritis of left ankle and foot, and neuralgia and neuritis.

On X, X was evaluated by X, DPM. X complained of left second toe pain, possible arthritis. X stated it was hard to walk, when pushing off X foot. The symptoms were moderate. Walking, standing prolonged periods aggravated the symptoms. X was fully weight-bearing, wearing tennis shoes, had left foot second toe pain, reported pain when pushing off X toe. X had a previous injury in the past. X reported the discomfort was constant. On examination, X was obese with a BMI of 30.1 kg/m². There was localized edema to the affected area of concern. There was 6/10 pain on palpation to the left second toe at the PIPJ and DIPJ. There was limited-to-no motion at the PIPJ, and minimal motion at

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the DIPJ. There was allodynia noted to the tip of the left second toe. The assessment was pain in left toe(s), pain in left foot, other specific joint derangements of left foot, localized edema, other specified arthritis of left ankle and foot, and neuralgia and neuritis. X-rays of the left foot demonstrated arthritic changes to the left second PIPJ and DIPJ. The left hallux interphalangeal joint (HIPJ) fusion is solid with hardware intact. The plan was for X at the upcoming visit.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, DPM. Rationale: "The principal reason(s) for denying these services or treatment: The guidelines do not recommend X for ankle and foot conditions. The clinical basis for denying these services or treatment: According to ODG, X for ankle and foot conditions are not recommended. A peer review performed on X non-certified the request for X. It remains relevant that ODG does not recommend X for ankle and foot conditions based on very poor evidence for foot and ankle conditions with potential for harm, higher quality research also results in non-recommendation for most other forms of X. The submitted records do not provide any new or additional information to supersede the prior peer review or the guideline recommendations. As a result, the medical necessity of this request is not established. Therefore, my recommendation is to NON-CERTIFY the request for X."

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "The principal reason(s) for denying these services or treatment: The guidelines do not recommend x for ankle and foot conditions. The clinical basis for denying these services or treatment: According to ODG, X for ankle and foot conditions are not recommended. Prior peer reviews on X, and X have non-certified requests for X. ODG does not recommend X for ankle and foot conditions based on very poor evidence for foot and ankle conditions with potential for harm, higher quality research also results in non-recommendation for most other forms of X. The provider continues to request appeals but does not provide any additional information to overturn the prior non-certifications. This request is not supported by ODG. The medical necessity of this request is not established. Therefore, my recommendation is to NON-CERTIFY the request for X."

The submitted records indicate that the provider intends to use only X. The ODG criteria state that this is allowed as a non articular procedure involving X. The request is reasonable and is medically necessary per ODG. Therefore, the previous denial should be overturned. X is medically necessary and certified

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The submitted records indicate that the provider intends to use only X. The ODG criteria state that this is allowed as a non articular procedure involving X. The request is reasonable and is medically necessary per ODG. Therefore, the previous denial should be overturned. X is medically necessary and certified

Overtured

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE