

P-IRO Inc.
An Independent Review Organization
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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:

- Overturned Disagree
- Partially Overturned Agree in part/Disagree in part
- Upheld Agree

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X sustained an industrial injury when X. The diagnosis was left foot posttraumatic arthritis.

On X, X, DO evaluated X for a follow-up of left foot and ankle pain complaints which were effectively alleviated with X. X got more than X. Without getting this treatment, X felt X foot was cold. This was X. The diagnosis had already been made on the basis of repetitive observation, treatment with neuropathic pain and harden criteria. Further delay in treatment would lead to refractory and costly pain complaint. X sleep had improved with X. X was eliminating simple sugars. X was exercising and X was functioning well with ongoing treatment and wanted X wanted to make further gains. X PMP was satisfactory. Good X had been noted. X denied any constipation or drowsiness on the X. X were continued.

On X, X, DO evaluated X for a follow-up visit. X continued to walk with a severe antalgic limp and gait. X wife stated that X could not go on like this. X had throbbing sensitivity and swelling throughout X foot and ankle. The best relief gain thus far had included X. X had responded repetitively and physiologically to X and that was X request. At the time of visit, X had more than X. These were objective findings. Unfortunately, the peer review was insufficient in reviewing or seeing the documentation which was always provided for this review. As a result, they had to resubmit for X. Due to this unreasonable denial, which was a complete contradictory to the Texas labor code states the patients are due treatment which relieves or ameliorates the natural compensable disease state. Dr. X had to spend extra time going over the adverse determination for the procedure which was “already worked”. Dr. X was requesting an X. X would be

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reserved for X. As a result of the denial, they were going to have raise X. X had done well with X and would like to proceed with the less invasive procedure at the time. X was refilled as a X. A request for X would be resubmitted and X had already exhausted all form of treatment such as X. Further delays in treatment would lead to refractory and costly pain complaint with further disability anticipated. In the meantime, X PMP was satisfactory. X intake urinalysis was consistent with these agents. There was no evidence of illicit drug use.

Treatment to date included X.

Per a peer review and utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The requested X does not meet ODG criteria for X. The clinical basis for denying these services or treatment: ODG X guidelines recommend only a limited series of X when there is documented improvement in pain, function, and at least a X. According to ODG X are not recommended as a first-line option and are reserved for carefully selected patients with X. In this case, the records confirm chronic CRPS of the left foot and ankle and note that X. The patient has already X. Because ODG criteria for X. Therefore, my recommendation is to NON-CERTIFY the request for X."

Per a peer review and reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "The medical documentation does not demonstrate the X. The clinical basis for denying these services or treatment: ODG guidelines for X. The ODG by MCG states that X. In this case, while the patient demonstrates CRPS and reports subjective improvement and cold-foot symptoms, objective documentation of functional gains and temperature changes is insufficient, and there is no evidence of X. X have been performed, and care has progressed to X. As a result, the appeal for a X is not medically supported. Therefore, my recommendation is to NON-CERTIFY the request for X."

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

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld.

According to ODG X.

In this case, the records confirm chronic CRPS of the left foot and ankle and note that X. The patient has already undergone X. Because ODG criteria for X. The medical necessity for an X is not established. There is a lack of documentation of objective functional gains and appropriate temperature changes. There is no documentation of X. Therefore, medical necessity for X is not established in accordance with current evidence-based guidelines and the previous denial is upheld.

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

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- 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