

**I-Resolutions Inc.**  
**An Independent Review Organization**  
**3616 Far West Blvd Ste 117-501 IR**  
**Austin, TX 78731**  
**Phone: (512) 782-4415**  
**Fax: (512) 790-2280**  
**Email: [@i-resolutions.com](mailto:@i-resolutions.com)**

***Notice of Independent Review Decision***

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**IRO REVIEWER REPORT**

**Date:** X; Amendment 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:** · X

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X. The mechanism of injury was described as a X. The diagnosis was fracture of unspecified part of neck of left femur, sequela (X).

X underwent X from X through X at X. X attended a X by X, PT, DPT, on X. X presented to the X following a X that resulted in injuries to X left wrist, leg, femur, hip, and index finger. X had undergone a X on X for X left leg, including the femur and hip, where a rod was inserted. X left index finger was also broken in multiple places, and X did not have X as of yet. At the time, X reported that the pain was fine. X had been experiencing sleep disturbances. X was off work at the time due to X injuries. On examination, X was X. Regarding the right hip, range of motion showed X degrees of flexion, X degrees of external rotation, and X degrees of internal rotation. For the left hip, range of motion showed X degrees of flexion, X degrees of external rotation, and X degrees of internal rotation. Right knee flexion was X degrees, and left knee flexion was X degrees. Strength of left hip flexors was significantly weak, whereas left hip abductors and left hip extensors were weak. X reported some numbness and tingling in feet. Two-minute walk test: X. Per a X note dated X, X was progressing from a mobility phase to a mobility and strength / functional strength phase. X had made functional progress since starting with X via improved gait mechanics and tolerance to prolonged ambulation / standing. X was able to complete most of activities of daily living with minimal difficulty. However, X had lingering left proximal lower extremity weakness, which was leading to a X. Despite modalities, X continued to struggle with left glute weakness, which may indicate X. In-person visits remain necessary to continue to address X lack of end-range hip mobility and to strategically progress X strengthening program without causing unnecessary soft tissue strain. X would benefit from further X to address X deficits, progress towards X goals and return towards X prior level of function.

Per a discharge note dated X by X, PT, DPT; X had been discharged from care as they exhausted benefits. The discharge plan consisted of X. X was seen for X, but insurance denied further benefits for X care. So, X discharging X case pending a new referral if X was recommended by X to continue in the future.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale for X: "Per the submitted documentation, the request for X is not warranted. Under review X dated X, the request for X. The cited guidelines conditionally recommend up to X. The continuation of may be indicated when functional progress has been made during X or plan of care has been modified or re-evaluated every X weeks, maximum improvement has not yet been attained, actively participating in X, and adherent to the plan of care. The claimant underwent X. Overall, the claimant felt better. However, they had significant X. Their X score of X out of X and weakness. The claimant completed X. They felt stronger and their mobility was improving but the X. A phone call to the office of X, P.T., D.P.T., at (X was attempted on X to discuss the requested care. The provider was not available. However, a discussion was held with X (PT), who noted that the claimant X. They continued to require a X due to this and pelvic instability. It was noted that in their opinion, X were necessary to return the claimant to a sufficient functional level. The request is not medically necessary as the request greatly exceeded guideline recommendations and modification is not permitted in this jurisdiction. Therefore, the concurrent request for X is non-certified." Rationale for referral to a X: "Based on the submitted documentation, the request for X is not supported. The cited guidelines recommended are based on medical necessity for individual claimants. Evaluation and management (E&M) outpatient visits to doctor's medical offices play a crucial role in proper diagnosis and return to function for claimants and should generally be encouraged. The claimant underwent X. Overall, the claimant felt better. However, they had significant X. Their X score of X out of X and weakness. The request is not medically necessary as per the request for X was non-certified due to X. Therefore, the concurrent request for X is non-certified."

On X, X, PT, DPT completed an appeal letter documenting that "X has been making good progress toward X functional goals. X has attended X visits, which has X. However, we have been concerned with X continued X. We have tried X and X has been evaluated by X, who all agree that X case is more complicated than average due to the continued muscle weakness that limits X ability to stand in single leg stance on the left leg. X is not able to X and X speed is significantly limited

compared to age-related norms (X feet compared to X feet for X). X also has difficulty climbing stairs and curbs due to the instability and continued weakness. If X therapy were to be discontinued at this point, X will likely be unable to return to X work at full capacity, as X cannot perform X. X also runs the risk of having another fall-related injury due to X instability in single leg stance. Average time for full recovery from X is warranted. Thank you for taking the time to consider giving X more X that will benefit the patient and X quality of life so X can return fully to X profession.”

Per a reconsideration review adverse determination letter dated X, the X was partially certified, however, X was certified by X, DO. Rationale for X: “Upon review of the submitted records, the request is partially supported. The Official Disability Guidelines (ODG) conditionally recommend X. The claimant has already X. They continue to demonstrate X. Their X score remains low at X, and X speed is markedly below age-related norms (X feet vs. X feet), indicating impaired functional mobility. Imaging dated X confirmed X. Although residual weakness and gait limitations persist X. In addition, per X, PT, the claimant continues to have lower extremity weakness requiring a X. In the past X, X improved from walking X feet to now X feet with X on two-minute walk test. Therefore, claimant continues to make functional objective gains with X. However, the requested X. X, PT, agreed to reducing it to X. Multiple affiliated reviews certified a total of X. Therefore, the X is modified to X with the remaining X non-certified.” Rationale for X: “Per submitted documentation, the request for X is supported. The Official Disability Guidelines (ODG) conditionally recommend X. The claimant sustained an X dated X. While the provider reports X progress and that the claimant can perform most activities of daily living, they continue to demonstrate X. Their X score remains low at X out of X. X speed is markedly below age-related norms (X feet versus X feet), indicating impaired functional mobility. An affiliated review for X be non-certified on X under review X. Therefore, the X is certified.”

**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:

1. X

2. X is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified noting that, "Per the submitted documentation, the request for X is not warranted. Under review X dated X, the request for X was certified as X. The cited guidelines conditionally recommend up to X. The continuation of may be indicated when functional progress has been made during X. The claimant X. Overall, the claimant felt better. However, they had significant X. Their X score of X out of X and weakness. The claimant completed X with X progress and was able to complete most activities of daily living with minimal difficulty. They felt stronger and their mobility was improving but the primary residual deficit in the left lower extremity weakness which prevents them from being able to walk normally. A phone call to the office of X, P.T., D.P.T., at (X was attempted on X to discuss the requested care. The provider was not available. However, a discussion was held with X (PT), who noted that the claimant was still lacking hip extension and had proximal lower extremity weakness. They continued to require a X. It was noted that in their opinion, X were necessary to return the claimant to a sufficient functional level. The request is not medically necessary as the request greatly exceeded guideline recommendations and modification is not permitted in this jurisdiction. Therefore, the X is non-certified." Rationale for referral to a X: "Based on the submitted documentation, the request for X is not supported. The cited guidelines recommended are based on medical necessity for individual claimants. Evaluation and management (E&M) outpatient visits to doctor's medical offices play a crucial role in proper diagnosis and return to function for claimants and should generally be encouraged. The claimant underwent X. Overall, the claimant felt better. However, they had significant X. Their X score of X out of X and weakness. The request is not medically necessary as per the request for X was non-certified due to exceeding the guideline recommendation and the request for X. Therefore, the X is non-certified." The appeal review noted that, "Upon review of the submitted records, the request is partially supported. The Official Disability Guidelines (ODG) conditionally recommend X. The claimant has already X. They continue to X. Their X score remains low at X/X, and X speed is markedly below age-related norms (X feet vs. X feet), indicating impaired functional mobility. Imaging dated X confirmed fracture healing, maintained alignment, and no hardware complications, suggesting that surgical recovery is progressing

routinely. Although residual weakness and gait limitations persist, X. In addition, per X, PT, the claimant continues to have lower extremity weakness requiring a X. In the past X, X improved from walking X feet to now X feet with X on two-minute walk test. Therefore, claimant continues to make functional objective gains with X. However, the requested number of X. X, PT, agreed to reducing it to X which will allow for further reevaluation for objective functional improvements over the next X. Multiple affiliated reviews certified a total of X. Therefore, the X is modified to X with the remaining X non-certified.” Rationale for X: “Per submitted documentation, the request for X is supported. The Official Disability Guidelines (ODG) conditionally recommend referral to a X based on medical necessity, emphasizing that evaluation and management (E&M) outpatient visits are important for diagnosis and functional recovery, with the need for office visits determined individually through review of patient concerns, clinical status, physician judgment, and medication monitoring, recognizing that no fixed number of visits applies and that care should ultimately support transition to patient self-management when clinically appropriate. The claimant sustained an X. While the provider reports X progress and that the claimant can perform most activities of daily living, they continue to demonstrate X. Their X score remains low at X out of X. X speed is markedly below age-related norms (X feet versus X feet), indicating impaired functional mobility. An affiliated review for 1 referral to a X be non-certified on X under review X. Therefore, the X is certified.” The claimant has now been authorized for approximately X. The request for X. Also, guidelines typically recommend transition away from passive treatment modalities in favor of active treatment modalities and only support X treatment modalities per session. The requested X was previously authorized. There is no rationale to support another approval at this time. Therefore, medical necessity is not established in accordance with current evidence based guidelines. Concurrent request for X be certified is not medically necessary and non-certified.

Non-certified.

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

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