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An Independent Review Organization
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Notice of Independent Review Decision

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 reportedly described as a X. The diagnosis was radiculopathy, cervical region (X).

On X, X was seen by X, FNP-C, for a follow-up of X. X presented with a X. X was sent for an MMI rating, in which X received a X impairment. X had been on light duty since previous office visit on X. On examination, there was X. Significant tenderness was noted in the X. X had X. Strength was X with resisted elbow flexion. There was X. X exhibited limited abduction to X degrees and limited external abduction to X degrees. Abduction against resistance was painful, but X had a X. External rotation was limited to X degrees with discomfort. X upper extremity was X. The assessment included X. Treatment plan was to obtain a X.

An MRI of the cervical spine dated X showed X. Relatively, X was noted with X. An MRI of the right shoulder dated X showed X. There was X. X was noted.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD: Rationale: "ODG notes that X. There must be a need for confirmation of clinical X. In this case, the clinical indications for X. The claimant X. There are X. Upon discussion, NP X states that the X. Review of records reveals a history of X. The records X. X are specifically documented as intact. There is X. There is X. In addition, the medical documentation fails to identify unique circumstances to support the medical necessity of the requested X. Given this, the requested X is not medically necessary."

Per a reconsideration review adverse determination letter dated X, the prior denial was upheld by X, DO. Rationale: "ODG notes that X. X. The records are X. There is X. There is X. Therefore, this request is not medically necessary."

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

In this case, the records document the mechanism of injury was reportedly described as a X. On X, the NP indicated the claimant's X. The claimant has X. X is not supported as it does not meet definition of X. The records are X. Therefore, the request for X is not medically necessary.

Not medically necessary / 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
- 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