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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 exact mechanism of injury was not documented. The diagnosis was unspecified fracture of fifth metacarpal bone, right hand, initial encounter for closed fracture; pain in right arm; paresthesia; and pain in right hand.

On X, X, MD evaluated X who presented with a history of closed fracture of proximal phalanx of digit of right hand with routine healing on X. X was referred by Dr X for X. X stated X had ongoing numbness and tingling in the right hand, reported grip weakness. X had completed X. X stated that since the accident, X had been having an ongoing ache in the right 5th digit with ache and soreness. X denied any radiating symptoms. X stated X had tingling in the tip of the right 5th digit, but that had improved. X admitted to weakness in grip of the right hand. X denied any symptoms in the left arm / hand and denied any neck symptoms. X no longer took X, but felt it did help at the time. Neurological examination findings were within X. The assessment was unspecified fracture of fifth metacarpal bone, right hand, initial encounter for closed fracture; pain in right arm; paresthesia; and pain in right hand. Dr. X planned to order X.

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 denial of X): "ODG notes that X. The purpose of the testing includes confirming a clinical diagnosis, resolving discrepancies between symptoms and other findings, documenting disease progression or improvement, assessing new symptoms, or evaluating a poor response to treatment. In this case, the records indicate that the claimant has a history of X. The claimant reports ongoing numbness and tingling in the right hand, grip weakness, and an ache and soreness in the right fifth digit despite having therapy. Therefore, this request for X have been medically necessary to confirm/rule out X, The subjective complaints and exam findings do not document support for X. As such, X are not medically necessary. As there is no agreement to a modified treatment plan, the request in full is not medically necessary." Rationale for denial of X: "ODG notes that X. The purpose of the testing includes confirming a clinical diagnosis, resolving discrepancies between symptoms and other findings, documenting disease progression or improvement, assessing new symptoms, or

evaluating a poor response to treatment. In this case, the records do not reveal any significant clinical findings suggesting X. Therefore, this request is not medically necessary.”

On X, X, MD, wrote an appeal letter on behalf of X patient X to document the medical necessity of an X. This procedure had been denied, and Dr. X would like to appeal the denial. Dr. X wrote, “X who presents with unspecified fracture of fifth metacarpal bone, paresthesia, and pain in the right hand. X has experienced ongoing numbness and tingling in the right hand, soreness, and reports grip weakness. X has completed X. X did take X for the pain and stated it did help, but X is no longer taking it. Following a X. An X of the right upper extremity is needed to evaluate nerve conduction and muscle reaction to stimulus and to look for evidence of X. An X measures the electrical activity of the muscles when not in use (at rest) and when they are tightened (muscle contraction). X measure how well and how fast the nerves can send electrical signals. The test can then determine whether a nerve has been damaged. An X can help localize the level and extent of nerve damage or impingement of the peripheral nerves. An X needs to be completed together to provide more information to the patient's condition and while an X can provide clues about its structure, X provide data about how the muscles and nerves function. It is a diagnostic tool used to provide more accurate diagnosis and plan for appropriate treatment as the patient’s condition can worsen if the correct treatment is not provided.” “In summary, the use of the X is medically necessary for this patient's medical condition.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, DO. Rationale for denial of X: “ODG notes that X. The purpose of the testing includes confirming a clinical diagnosis, resolving discrepancies between symptoms and other findings, documenting disease progression or improvement, assessing new symptoms, or evaluating a poor response to treatment. In this case, the records document a history of X. The claimant has X. Considering the clinical evidence of X would have been supported as medically necessary for further evaluation and treatment planning. The request for X is not medically necessary as clinical findings do not document evidence for possible X, As there is no agreement to a modified treatment plan, the request in full is not medically necessary.” Rationale for denial of X: “ODG notes that X. The purpose of the testing includes confirming a clinical diagnosis, resolving

discrepancies between symptoms and other findings, documenting disease progression or improvement, assessing new symptoms, or evaluating a poor response to treatment. In this case, the clinical indications for X. The records are not supportive of a X. There is X. There is no 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 history of X. The claimant has had X. However, the request is not supported as the clinical findings do not document evidence tor X. ODG notes that “X.” The clinical indications for X. The records are not supportive of a X. There is X. There is X. Therefore, the request for X 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)**