Physio Solutions LLC
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Notice of Independent Review Decision

IRO Reviewer Report X

IRO Case Number: X

Description of the services in dispute X

Description of the qualifications for each physician or health care provider who reviewed the decision

Review Outcome:

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

X

Information provided to the IRO for review

X

Patient clinical history

X, date of birth X, is a X individual diagnosed with neck pain following a workplace injury on X, and seeking coverage for an appeal for X.

X - Clinical Encounter Summary by X, MD - The patient presented with bilateral hand pain, finger cramping, and numbness, along with significant neck pain and radicular symptoms. Physical exam showed X.

X - MRI Cervical Spine WO by X, MD - An MRI of the cervical spine showed a X. The cervical alignment was X.

X - Referral Order - A referral was issued by X, MD, X, MD, to evaluate the patient for X. Authorization for this referral was provided by X. The order was marked for X, and the patient's primary insurance was X.

X - Clinical Encounter Summary by X, MD - The patient presented with ongoing severe neck, left shoulder, and arm pain rated X, accompanied by numbness and tingling, following a work injury. Physical examination revealed X. An MRI showed a X. Diagnoses included cervicalgia, cervical radiculopathy, and cervical disc displacement, with X.

- X - Referral Order - A X was issued for evaluation and treatment of neck and/or arm pain, to be scheduled for X. The referral specified modalities such as X. The primary diagnosis for the referral was cervicalgia (X).

X - Peer Review Report - Peer-to-peer review attempts were made with the treating provider, Dr. X, regarding the request for X, but no discussion occurred prior to case submission. Records reviewed noted the claimant sustained neck injuries following a X, with diagnoses including neck pain, cervical radiculopathy, and cervical disc displacement, and MRI findings showing cervical spine X. The reviewer determined the requested X was not medically necessary due to X. Therefore, the request for X was non-certified.

X - Notice of Adverse Determination - X denied the request for X, determining the treatment was not medically necessary following physician advisor review on X. The denial involved X.

X - Adverse Determination Notice – X Physician Advisor upheld the original non-certification for the requested X. This decision was based on established medical necessity

guidelines and acceptable standards of practice. The notice advised the patient on obtaining the clinical rationale and the process to request an Independent Review Organization (IRO) review.

X - Request for a Review by an Independent Review Organization (IRO) - The patient, X, formally requested a review by an Independent Review Organization for denied X.

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

X individual diagnosed with neck pain following a workplace injury on X, and seeking coverage for an X.

According to the ODG for X. Continued therapy may be indicated when functional progress has been made, maximum improvement has not yet been attained, the patient is actively participating X.

In this case, the patient sustained a work-related neck injury and continues to report significant neck pain with associated left upper extremity symptoms. Objective findings X. The treating provider recommended X.

X are deemed excessive. However, ODG recommended guidelines for the diagnosis in question X. The clinical documentation supports the medical necessity of an initial course of X; however, documentation does not support medical necessity for treatment beyond guideline recommendations. Therefore, the appeal for X. The X are denied as not medically necessary.

Description and source of the screening criteria or other clinical basis used to make the decision

ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase

AHRQ - Agency for Healthcare Research and 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

ODG - Official Disability Guidelines & Treatment 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)