P-IRO Inc.
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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X reported that a X. The diagnosis was complex regional pain syndrome.

In an initial pain evaluation on X, by X, DO, X presented with the chief complaint of severe right foot and ankle swelling, burning pain and temperature changes, sensitivity to touch and proprioception deficits, all following a severe work injury on X. On examination, X with an X. X were noted as X felt X was developing back pain due to X. X indeed has X noted. Inspection about the right foot and ankle showed X. Skin infrared thermometry showed significant more than X. The mid ankle and pre-talar area showed a more than X. Range of motion was X. X foot and toes appeared somewhat blue as compared to the unaffected limb. X had marked X. This extended to the pretibial area on the right. Patrick test of the hips was X. X was noted. X about the knee was also limited approximately X to X degrees whereby pain was elicited distally. Dr. X noted that given the injury was X at the time, X would most likely require X noted. X would be reserved for X pain. On X, Dr. X noted X was getting worse. X stated X leg was often X. The working diagnosis was complex regional pain syndrome (CRPS) based on the X. X was now getting calf tightness and stated X often had stumbling. Dr. X noted X was on a X. X should be approved in a timely manner. Further delays in this treatment would lead to refractory costly pain complaint with further disability and complications in order. The X was increased. X was taking X. The dose would be increased. X had pain with X. X was added to X.

An MRI of the right foot dated X, demonstrated X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, DO. Rationale: "The request is not warranted. The Official Disability Guidelines does not recommend X. X is used as part of X. The injured worker has been experiencing severe right foot and ankle swelling, burning pain, and temperature changes, sensitivity to touch and proprioception deficits. These symptoms persist even with X. However, the request does not meet guideline criteria as available records reveal X. The inclusion of X are not necessary since the procedure is not supported in this review. Hence, the prospective request for X is non-certified."

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, DO. Rationale: "The Official Disability Guidelines indicate that X. When indicated, X. Evidence supporting clear benefit remains limited, and these X. In this case, the injured worker was treated for right ankle and foot pain following X. Their imaging confirmed X. Although the injured worker had chronic severe right lower extremity pain, swelling, temperature and color changes, hypersensitivity, gait disturbance, and secondary myofascial symptoms consistent with suspected complex regional pain syndrome, the required guideline criteria are not met. The recent progress note was reviewed and acknowledged, documenting objective findings including an X. The request is not supported and is not medically necessary because guideline prerequisites have not been satisfied, specifically the absence of X. As X are not first line treatments and must follow documented X, the procedure is not medically necessary, and associated X are likewise not warranted. The previous determination is appropriate as the request did not satisfy required clinical guideline criteria, including documented X. There are also X documented to justify deviating from guideline recommendations. Therefore, the prospective appeal request for X is non-certified."

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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, there is insufficient information to support a change in determination. There is no documentation of a X. Note dated X indicates due to a new finding of calf tightness, X is recommended for X. The request for X is not recommended as medically necessary and the previous denials are upheld.

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

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☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE