

Clear Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 CR
Austin, TX 78731
Phone: (512) 879-6370
Fax: (512) 572-0836
Email: @cri-iro.com

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 at work on X. For X, X was on a X. X immediately lost consciousness for an indeterminate period of time followed by dizziness, spinning sensation, and vomiting. The diagnoses included postconcussional syndrome, peripheral vertigo, tinnitus, unspecified

hearing loss, cervicalgia, and other amnesia. X was seen by X, MD on X for continuous and worsening problems in X ear and for nasal obstruction as well as for X. X reported bilateral hearing loss and unchanged sensitivity to touch; hearing aids were not helping. When congested, X had pain under X ears. X also reported nose symptoms of congestion, mouth breathing, and facial pressure all unchanged. X had finished the X as prescribed. X audiological evaluation had been completed, but X was not done yet. X reported some improvement (up to X) in X symptoms related to the injury, but noted X nasal sinus conditions had been worsening since the accident without any treatment advised. Examination of the oral cavity revealed "X. Head and face exam revealed X. X was wearing bilateral hearing aids. Bilateral ear exam was X. Examination of the nose and nasal cavity with endoscopic examination revealed X. Dr. X recommended that X undergo 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 denying the request X: "Per the note dated X, the patient presents for follow up with X. All symptoms have improved by X. Physical examination findings revealed X. Wearing hearing aids. External nasal appearance near X. Right nasal cavity: inferior turbinate hypertrophy X with X blockage. Deviated nasal septum bent X mm shift and X blockage to the right. Nasal valve condition X collapsed and X narrow X. Left nasal cavity: inferior turbinate hypertrophy X with X blockage. Deviated nasal septum left X with X mm shift and X blockage. Nasal valve condition X collapsed and X narrow X. Prior treatment and response: X. The request for X is supported based on current clinical indications in the provided records. The records document persistent nasal obstruction symptoms including congestion, mouth breathing, and facial pressure that remained unchanged despite treatment with X. The X documents severe X. However, as one request is recommended for modification, all requests must be denied per Texas jurisdiction protocol, as a peer discussion did not occur. Therefore, X is not medically necessary." Rationale for denying the request X: "Per the note dated X, the patient presents for follow up with X. All symptoms have improved by X. Physical examination findings revealed X. Wearing hearing aids. External nasal appearance near X. Right nasal cavity: X with X blockage. Deviated nasal septum bent X mm shift and X blockage to the right. Nasal valve condition X collapsed and X narrow X. Left nasal cavity: X with X blockage. Deviated nasal septum left X with X shift and X blockage. Nasal valve condition X collapsed and X narrow X. Prior treatment and response: X. The request for X is only partially supported. The left inferior turbinate is documented

as extreme X with about X blockage. The X is documented as only mild X with about X blockage. The record supports consideration of X as part of a nasal obstruction plan after X. The record does not clearly support X given the minimal X contribution. As such, partial certification is recommended for left sided X only. However, per Texas jurisdiction protocol, overall determination cannot be modified without a peer discussion with the treating provider. Therefore, X is not medically necessary.” Rationale for denying the request Follow-Up Visit (X): “Per the note dated X, the patient presents for follow up with X. All symptoms have improved by X. Physical examination findings revealed X. Right nasal cavity: X with X blockage. Deviated nasal septum bent X mm shift and X blockage to the right. Nasal valve condition X collapsed and X narrow X. Left nasal cavity X with X blockage. Deviated nasal septum left X with X shift and X blockage. Nasal valve condition X collapsed and X narrow X. Prior treatment and response: X. As the concurrent surgical requests are partially indicated, the patient would benefit from X. As such, certification is recommended. However, as one request is recommended for modification, all requests must be denied per Texas jurisdiction protocol, as a peer discussion did not occur. Therefore, Follow-up visit (X) is not medically necessary.” Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied / non-certified by X, MD. Rationale for denying the APPEAL: X: “I am recommending upholding the request for APPEAL: X, for the following reasons: ODG by MCG does not address the request. Per literature, X. The prior UR determination by X, MD dated X non-certified the requested procedures due to jurisdictional protocol related to peer discussion. The claimant has persistent nasal obstruction symptoms that include nasal congestion, mouth breathing, and facial pressure with only X improvement after X . Examination documents severe anatomic nasal airway obstruction with nasal valve collapse and stenosis at about X on the right and about X on the left with severe septal deviation and nasal airway obstruction. These findings support a X. Therefore, X is supported based on current clinical indications on appeal. However, as the requested X is not supported, certification for this request cannot be recommended without peer-to-peer discussion. As such, the request is recommended upheld.” Rationale for denying the APPEAL: X: “I am recommending upholding the request for APPEAL: X, for the following reasons: ODG by MCG does not address the request. Per literature, X. The prior UR determination by X, MD dated X non-certified the requested procedures due to jurisdictional protocol related to peer discussion. The claimant has X. The right X is

described as X with about X blockage. The X is described as X with about X blockage. The dominant anatomic contributors to obstruction are X. The record does not document X. Therefore, X as requested X is not supported based on current clinical indications on appeal. As such, the request is recommended to be upheld.” Rationale for denying the APPEAL: Follow-up visit (X): “I am recommending upholding the request for APPEAL: Follow-up visit (X), for the following reasons: The claimant has persistent nasal obstruction symptoms that include nasal congestion, mouth breathing, and facial pressure with only X improvement after X. Examination documents X at about X on the right and about X on the left with X. Per ODG, evaluation and management (E&M) outpatient visits to doctor's medical offices play a crucial role in proper diagnosis and return to function for injured workers and should generally be encouraged. Specific need for clinical office visits with a healthcare provider must always be individualized based upon review of patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the surgical requests as submitted cannot be certified, there would be no requirement for a X. As such, the request is recommended to be upheld.” Per a letter dated X from X, X, addressed to X, it was noted that the letter was filed in response to the Request for IRO recently received regarding the request for medical dispute resolution filed by X. Additional information relevant to this dispute was attached as “X.” It was also requested to inform them if they required any additional information to process the dispute.

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

In this case, X is a X who was injured at work on X. While X. The request for X, and X was initially denied by X, MD because the available medical records only suggested X to be beneficial to the patient based on the medical exam reports. Upon appeal, the denial was upheld by X, MD. Official Disability Guidelines does not address treatment with X, and states office visits are recommended based on medically necessity for individual patients. Based on the physical exam reports in the medical records, the patient's X. The requested X. For this reason, the requests for X should be upheld as not medically necessary.

Upheld

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)**