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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. X sustained several GSW injuries during a X. The diagnosis was complete paraplegia, neurogenic bowel, other neuromuscular dysfunction of bladder, urinary retention, gait abnormality, injury of left brachial plexus, impaired

mobility and activities of daily living, abnormality of gait, neuropathic pain, musculoskeletal pain and unspecified disturbances of skin sensation.

On X, X, MD evaluated X for complete lower lumbar paraplegia and left upper extremity weakness. After the injury, X was taken to X where X was found to have a X. X underwent X, additionally, X was status X. X was nonweightbearing to bilateral upper extremities due to left scapula and right radial injuries. X was transferred to X on X to X for X and discharged locally with family support. Since leaving X X shared multiple issues and frustrations with various items. X had neuropathic pain which was controlled with X. X had left lower extremity sharp pain. X was recently discharged from X. X ongoing medications included X. On examination, X came in X. X abdomen had multiple scars from surgeries. Extremities revealed X. Left upper thigh had X. There was X. Right inner distal thigh had X. Motor testing revealed X in left X; X bilaterally; and X at X. Left upper extremity weakness was noted due to brachial plexus injury. Neurologic level and X was X.

On X, X, APRN evaluated X for a postoperative follow-up of left hand. X stated X finger was still bent and difficult to straighten. X had pain all along X left arm. X was ready to begin X. X was X weeks and X days post surgery. X had been consistently utilizing a hard splint for support with the exception of when X taped X middle finger to the index finger. Despite the use of the splint, X reported an inability to independently open X finger. X also experienced pain at the base of X hand when X. Examination of right hand revealed X. Incision was healing well with X. There was 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: “The request is not warranted based on the submitted documentation. The Official Disability Guidelines, ACOEM Practice Guidelines, and X do not offer recommendations; therefore, the X was further referenced which an article "X" published on X stated that claimant reported outcomes of a X. The findings indicate that the X, which allows X. In this case, the claimant returned for follow up and remained X. Examination revealed X. Although the X was initially considered for X. For these reasons, the request is not medically

necessary. These systems require X. Even with complete loss of strength from X. The claimant's profound X. Therefore, the prospective request for X is non-certified."

An appeal letter dated X was included in the records for reconsideration of X.

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "The request is not warranted based on the submitted documentation. A successful peer to peer on X at X CT with Dr. X identified that they do not need the X. The guideline mentioned that X. Studies show that X. Likewise, the X. While X. Based on guideline criteria and the findings of the affiliated review completed on X, the request for a X, was not medically necessary because the claimant's profound X. Hence, the request is deemed not medically necessary and does not meet the guidelines criteria. Nor were there extenuating circumstances that would warrant deviation from the guidelines. Therefore, the appeal request for X is non-certified."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. The request is not warranted based on the submitted documentation. The Official Disability Guidelines, ACOEM Practice Guidelines, and X do not offer recommendations; therefore, the X is referenced. The submitted clinical records indicate that the claimant presents with X. These findings make the safe and effective use of the X. No additional information has been provided to address these issues and the X is not supported as medically necessary according to the applicable reference. 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

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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