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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Mar/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1 Office Visit (Orthopaedic Surgery) between 2/14/2013 and 4/15/2013

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who has a date of injury of xxxxxx It is reported that on the date of injury, he was lifting a box of screws when his low back gave out. He was seen in a local emergency room and was provided an injection into the low back. He was noted to have received initial treatment of oral medications and physical therapy and has been seen by an orthopedist. He is reported to have undergone corticosteroid injections with temporary relief. The claimant is noted to have a history of a right knee injury in 1989 which apparently resulted in surgery in 1996. The record indicates a history of 6 knee surgeries. At this time, the claimant is noted to be 6’4” tall and 294 lbs. He ambulates with a slight limp. His shoulders and pelvis are level. On examination, there is some mildly reduced lumbar range of motion. There is a well-healed pre-patellar scar. There is slight swelling and slight medial tenderness. Radiographs are reported to show multi-level disc protrusions at L3-4, L4-5, and L5-S1. Records indicate that the claimant was seen in follow-up on 03/03/11. He is reported to be having a little bit of pain which is manageable. He is taking Voltaren now and then.

The claimant is seen in follow-up on 03/08/12. He is reported to have had no changes. His condition is reported as fair. He takes Voltaren sporadically. He is being followed by his primary doctor with laboratory studies. There is no deviation with liver enzymes. The claimant was continued on the oral medication Voltaren. The request is for 1 office visit with an orthopedic surgeon.

The initial review was performed on 02/08/13. The initial reviewer notes that the claimant has been in stable condition and recent reports do not indicate that the claimant has had much change. The initial reviewer finds that the request is not supported as medically necessary per the Official Disability Guidelines.

The appeal review was performed on 02/19/13. He notes that there is a lack of documentation submitted for review to indicate a clear clinical rationale for the necessity of an orthopedic surgery visit. It is noted that the claimant has had no significant change in his condition since his previous visits and his pain is managed well as he uses Voltaren intermittently.

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

The claimant is a xx year old male who sustained work-related injuries on xxxxxx as a result of lifting. It is noted that the claimant has a history of prior knee injuries and subsequent surgeries. The submitted clinical information indicates that the claimant is stable and that there is no evidence of a progressive neurologic deficits or orthopedic dysfunction which would require assessment by a specialist. Additionally, it is noted that the claimant's pain levels are low and appropriately treated with the anti-inflammatory medication Voltaren. Therefore, based on the clinical information submitted, it is this reviewer's opinion that the prior utilization review determinations were appropriate and are subsequently upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES