

P-IRO Inc.

Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 6/21/2018 2:37:12 PM CST

P-IRO Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

Date: 6/21/2018 2:37:12 PM CST

IRO CASE #: XXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Arthroscopy Left Knee Debridement

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Orthopaedic Surgery

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XXX with a history of an occupational claim from XXX. The mechanism of injury is detailed as XXX. The current diagnosis is documented as left knee pain and stiffness. Past treatment included medications and multiple knee surgeries. On XXX, it was documented this patient had complaints of pain to the left knee that XX rated 4/10. Upon physical examination, it was noted XX had mild medial joint line tenderness. Range of motion measured 0-85 degrees to the left knee.

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

According to the Official Disability Guidelines, surgical consideration is indicated when there is documentation noting the failure of conservative care to include medications or physical therapy; joint pain, swelling, and mechanical catching; effusion, crepitus, or limited range of motion; and large unstable chondral defect on MRI. The clinical documentation submitted for review indicated this patient had pain to the left knee with tenderness and significantly restricted range of motion despite medications and prior surgeries. However, there was no information noting swelling nor mechanical catching. Additionally, imaging studies were not submitted for review. Consequently, the request is not supported.

As such, the prior denial is not medically necessary and therefore, upheld.

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

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee and Leg (updated 05/15/2018), Chondroplasty.