MEDRX

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
XX XX XX w/ partial XX XX, as outpatient, between XXXX.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

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

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of: XX XX XX w/ partial XX XX, as outpatient, between XXXX.

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient is XXXX. XXXX. XXXX reported an onset of XX XX pain, XX, and XX.
The XXXX XX XX XX impression documented a XX of the XX XX of the XX XX and XX XX XX.
On XXXX, XXXX underwent XX XX XX with partial XX XX, and an intra-operative XX XX XX of the XX XX branch.
The XXXX Maximum Medical Improvement/Impairment Rating report indicated that the patient was currently XX and had pain rising from a seated position. XXXX was unable to straighten XXXX XX when it stayed in one position for XX minutes or so. It was noted that XXXX traveled for XXXX job and must ride in XX and XX. XXXX felt that something was not XX. XX XX exam documented XX/5 XX XX and XX XX, range of motion XX degrees, and XX circumference XX.XX cm XX and XX. The XXXX XX XX XX impression documented prior post-surgical changes involving the body and XX XX of the XX XX based on truncation of the

free edge involving the XX XX and XX. There was a possible nondisplaced XX XX XX involving the body of the XX XX extending to the XX. There was a XX. The designated doctor reported that the patient had received surgery for XXXX XX XX but XXXX had not had any post-surgical XX therapy. XXXX was XX and standing from a seated position was XX. XXXX was unable to XX XXXX XX XX and XXXX could not stand on XXXX XX XX. XXXX bore most of XXXX body weight on the XX. It was noted that the injured worker had a XX XX XX and the Official Disability Guidelines recommended XX visits of XX therapy. The patient was recommended to begin therapy to restore XXXX range of motion.
The XXXX orthopedic report indicated that the patient was XX XX XX XX with recurrence of pain. XXXX had improvement following an injection XX weeks ago. XXXX just started XX therapy. XX XX exam documented XX joint line XX, range of motion XX degrees, and positive XX XX test. The diagnosis was XX XX pain with XX XX XX XX, XX XX XX with post-surgical changes versus new XX. A XX injection was performed through the XX XX XX site. XXXX was to continue therapy.
The XXXX orthopedic report indicated that the patient had continued XX XX pain. XXXX completed therapy last month and had done medications and injections with minimal relief. The XX images were not viewable, the patient was to drop off the XX XX. XXXX was to progress activities as tolerated and take XX as needed.

The XXXX orthopedic report cited complaints of continued XX XX pain. XXXX was XX months status post XX scope and partial XX XX with relief at first, but onset of similar pain several XX ago. XXXX had injections with temporary relief and XX therapy with some improvement. XXXX continued pain limited XXXX activities and ability to work. XXXX had occasional catching and pain to the XX side of the XX. Current medications included XXXX. XX XX exam documented well-incision, XX joint line tenderness, normal alignment, range of motion XX degrees, XX/5 strength, XX XX XX, negative XX, and positive XX XX test. The diagnosis was XX XX pain with XX XX XX on recent XX. The treatment plan recommended XX XX XX with partial XX XX.

The XXXX utilization review non-certified the request for XX XX XX with partial XX XX, as an outpatient. The rationale noted that there was insufficient data presented to support this request. There was no evidence that XX therapy had been performed, the XX exam did not identify a positive XX, XX XX, or limited range of motion, and there was no XX evidence documenting the current clinical status of the XX. It was noted that the patient had on-going complaints of pain, but no sensation of giving way or locking.

The XXXX orthopedic note indicated that the patient was status post XX with initial improvement, however XXXX had a return of symptoms with no re-injury. Pain limited XXXX activities. Pain was temporarily improved with injection and worse with prolonged walking. XXXX had some XX with activities, and occasional XX and XX with heavy activities. Exam documented tenderness along the XX joint line and pain with XX and XX XX tests. XX showed post-surgical changes but also signal changes along the XX XX. The patient had XX XX pain with mechanical symptoms that limited XXXX activities. XXXX was status post XX but the XX was far enough post-op that any signal changes would signify either XX-XX or a new XX XX, versus post-surgical changes. XXXX had continued pain that had not improved with conservative measures. XXXX was recommended for XX XX XX with partial XX XX.

The XXXX utilization review non-certified the reconsideration request for XX XX XX with partial XX XX, as an outpatient. The rationale stated that the provided clinical records did not verify that there were clinical findings consistent with the patient's reports of mechanical abnormalities such as XX, XX, XX, or giving way. It was noted that there was no documentation of an exam to support the report of a painful XX test, and the physician did not submit an updated XX report to confirm that XXXX interpretation of the XX matched the radiologist's in terms of XX pathology.

The XXXX patient fax communication indicated that XXXX was still in pain with XXXX XX XX and continued to XX with a XX. It was noted that the evaluation performed XX months back was attached and that XXXX had received no therapy the doctor recommended.

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

The prospective request for XX XX XX with partial XX XX, as an outpatient, between XXXX, is medically necessary. The denial is overturned. XX

This patient presents with recurrent XX XX pain with associated occasional XX. Pain interferes with activities of daily living and work ability. Exam findings have documented XX XX signs (XX compression) and XX joint line tenderness, and the orthopedic surgeon has documented a positive XX sign, consistent with imaging findings of a XX XX tear. Positive imaging findings have been documented by the designated doctor report of XX findings and the orthopedic surgeon's interpretation. Records indicated that the patient has failed to improve despite XX therapy, injections, medications, and activity modification. Guideline criteria have been met. Therefore, the prospective request for XX XX XX with partial XX XX, as an outpatient, between XXXX, is medically necessary. The denial is overturned.

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**
- ☐ **AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
ODG Treatment
Integrated Treatment/Disability Duration Guidelines
XX and XX
XX
Updated 10/25/18

☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

☐ **TEXAS TACADA GUIDELINES**

☐ **TMF SCREENING CRITERIA MANUAL**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**