

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

IRO Cert#XX

---

**DATE OF REVIEW:** APRIL 24, 2019

**IRO CASE #:** XX

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed OP XX XX surgery to include: XX, XX, XX, XX, XX, XX, XX

## **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedics and Orthopedic Surgery and is engaged in the full time practice of medicine.

## **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)

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a XX year old XX who sustained a work related injury on XX.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

I have thoroughly reviewed the records provided including XX history, subjective complaints, objective findings, and treatment rendered to date. Based on all data, I have concluded the following:

I feel it justifiable to uphold the URA denial.

My rationale is not related to the injury per se or the patient's response to conservative treatment having been rendered but is specifically related to the objective MRI findings.

While there is unquestionable pathology noted, it relates primarily to chronic XX conditions, rather than to one specific relatively recent injury. The severe XX of the lateral XXs clearly chronic in nature and appears to be due to the virtual lack of XX XX XX in the XX joint. Similarly, while the XX XX of the XX medial XX may or may not be due to the reported injury, it appears to be a very minor component of XX complaints. The XX changes of the XX-XX joint and weight bearing surfaces of the XX joint, the pre-existing XX repair, and the large XX XX are similarly not

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

IRO Cert#XX

---

related to the reported injury. Therefore, medical necessity has not been established in this case for the requested OP XX XX surgery to include: XX, XX, XX, XX, XX, XX, XX.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES