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**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X Chart Notes by X, PAC  
X, Office Visit, X, MD  
X, Magnetic Resonance Imaging (MRI) of the X, X, MD  
X, Pre-operative Orders, X, MD  
X, Chart notes by X, PAC  
X Chart notes by X, PAC  
X Emergency Provider Notes  
X Preparing for Surgery Form  
X, Notification of Adverse Determination by X, MD  
X Notification of Adverse Determination by X, MD  
X, Letter of Reconsideration  
X Employers First Report of Injury Form  
X Claim Notification Letter  
Texas Workers Compensation Work Status Report  
Referral Forms  
Utilization Review Referral Form

## Insurance Verification Form Workers Compensation

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

This claimant is a X -year-old X with date of injury X after X was struck accidentally by a X. X complained of X pain, X. X was treated with X), and X. MRI of the X dated X revealed X.

At X office visit with Dr. X, the claimant complained of X. Physical exam revealed X motion was deferred. Plan was to start X X was recommended for X with X.

The prior denial letter dated X indicates the requested X was noncertified by Dr. X secondary to lack of conservative care and limited subjective/objective findings to support the need for surgery. The denial letter dated X by Dr. X denied the requested procedure for the same reason. An addendum to that decision reported that the claimant had failed course of X as well X, although did not see that documented anywhere in Dr. X' clinical notes.

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

Based on the review of records submitted for review, the request for X is not medically necessary. In this case, the claimant has had X symptoms for about X refractory to treatment including X. This meets the ODG criteria for conservative care (X) and subjective clinical findings (X); however, the physical exam findings are vague and nonspecific. There is no documentation of X. The MRI findings do not demonstrate a full thickness X, but rather "an area of X" representing possible "X". Normal alignment was not verified by exam or x-ray. As such, the ODG criteria for objective clinical findings are not met. Therefore, the request for X is not medically necessary, and it is the medical opinion of this reviewer to uphold previous adverse determination.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES - Online  
version**

**XX and XX – Updated 6/21/2019**

**Microfracture surgery (XX drilling)**

**XX**

**ODG Indications for Surgery™ -- Microfracture surgery**

**XX**