

**US Decisions Inc.**  
**An Independent Review Organization**  
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***Information Provided to the IRO for Review***

- Clinical Records – X
- Peer Review Reports – X
- Utilization Reviews – X
- Diagnostic Data Report – X

***Patient Clinical History (Summary)***

X with a date of injury X. The mechanism of injury was not available in the records. X was diagnosed with other tear of X, current injury, X, initial encounter.

On X, X underwent X with partial medial X; significant X with major X and anterior compartments; and X by X, MD, for the diagnosis of X.

On X, X was evaluated by Dr. X for a routine postoperative examination. X was doing well and specifically denied any recent X. X pain was improving. The examination was unremarkable. X was recommended to start X.

Per the visit note dated X, examination of the X revealed X. X had pain X testing. Dr. X assessed X. X noted X had a re-injury to the X and per X MRI findings, had sustained a X with X new-X. X had pain with X. X had positive X test on physical examination. Given these findings, X was indicated for surgical intervention for X.

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Per the surgical request dated X by Dr. X, X underwent X with X on X for the diagnosis of X.

An MRI of the X dated X revealed status post X. X signal intensity was new at the site of prior X site of the body of the X favoring X. There was a X.

Treatment to date consisted of medications (X), surgical intervention (X).

Per a utilization review determination letter dated X, the request for X was noncertified. It was determined that X underwent X on X, and a X MRI radiology report dated X, documented a X. However, the most recent provided office note was from X, and as such, the subjective complaints, objective findings, and recent treatments tried were unknown. Based on lack of documentation, the X was not medically necessary.

A letter dated X indicated that the reconsideration request for X was denied / non-certified. X was status post X, significant X on X. X had continued to report X pain and dysfunction. There were no significant recent objective findings noted on examination. X MRI revealed evidence of a probable X. However, there was a lack of significant objective findings to support the need for treatment. Therefore, the request for X was not medically necessary.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The ODG recommends X when there has been a failure of conservative treatment including physical therapy in addition to medications or activity modification with two pertinent subjective clinical findings, to pertinent objective clinical findings, and evidence of a X on MRI. The available information indicates the injured worker underwent prior X in X and developed recurrent pain. A postoperative MRI from X revealed a X. The progress note for X indicate significant X pain with physical examination

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findings that include X testing. However, there is a lack of documentation regarding conservative treatment for the recurrent X. As such, based on the provided documentation and ODG recommendation, the X is not medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)

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**Appeal Information**

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
Chief Clerk of Proceedings Texas Department of Insurance  
Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.