

True Decisions Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 6/10/2019 5:48:37 PM CST

True Decisions Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

Date X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX XX XX with partial XX XX, possible XX

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 |
| Upheld | Agree |

INFORMATION PROVIDED TO THE IRO FOR REVIEW: Clinical Record – 04/03/2019

- Letter –X
- Prospective Review –X
- Adverse Determination Letters X
- Reconsideration Review –X
- Diagnostic Data Report –X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X-year-old X with date of injury. The biomechanics of the injury were

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unavailable in the given medical records. On X, X was seen by X, MD for evaluation of X. X had a work-related injury that caused X. The pain was present on the X. X X the pain. On examination, X was X. Full flexion of the X produced pain X. There was X. X had a firm endpoint with X. There was pain reproduce with X test. An undated MRI of X revealed X and X. Treatment to date consisted of medications that included X. Per an Adverse Determination letter dated X, X, MD stated that "Understanding the date of injury, and noting the reference to a possible X, the standards outlined in the Official Disability Guidelines are not met. It is not clear what, if any, conservative care has been completed. The diagnostic imaging studies objectifying the suggested X is not presented for review. It is not clear what specific physical examination findings would support the need for surgical intervention. Therefore, based on information for review, this is not clinically indicated." Per an Adverse Determination letter dated X, X, MD stated that "The records submitted for review would not support the requested procedures as reasonable or necessary. The claimant's clinical findings suggested evidence of a X. However, there is no indication that the claimant had trialed any non-cooperative measures such as X. There were no clinical findings to suggest a X that would otherwise support proceeding with surgery without non-operative measures. Given these issues which do not meet guidelines recommendations, this reviewer cannot recommend certification for the request. Given the documentation available, the requested service(s) is considered not medically necessary."

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

The ODG supports X when there are ongoing mechanical symptoms and a failure of X. Criteria include a failure of X, and evidence of X. The documentation provided indicates that the injured worker has complaints of X pain and X. The injured worker reports instability in relation to pain. A physical examination documented pain with flexion, medial X test. An MRI documented a X. There is no documented trial and failure of conservative care. The treating provider has recommended a XX XX XX XX. Based on the documentation invited, the ODG would not support the requested X as there is no documented trial and failure of conservative care. As such, the request is recommended for noncertification. Given the documentation available, the requested service(s) is considered not medically necessary. The ODG supports X when there is been a failure of conservative care X unstable X on imaging. The documentation provided indicates that the injured worker has complaints of XX XX pain and swelling. The X reports X in relation to pain. A physical examination documented X, X and pain with XX test. An MRI documented a XX XX tear. There is no documented trial and failure of conservative care. The treating provider has requested an X. Based on the documentation provided, the ODG would not support the requested X as there is no documentation of a large unstable X on imaging or failure conservative care. The request is X. Given the documentation available, the requested service(s) is considered not medically necessary.

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

ODG, 2019: XX and XX