

Applied Resolutions LLC

Notice of Independent Review Decision

Case Number:

Date of Notice: 6/10/2019 9:11:25 AM CST

Applied Resolutions LLC

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: Clinical

Records –X

- Physical Therapy Notes –X
- Notification of Adverse Determination/Peer Review –X
- Notification of Reconsideration Adverse Determination/Peer Review –X
- Diagnostic Data Reports X

PATIENT CLINICAL HISTORY [SUMMARY]:X. X X is a X-year-old X who was injured on X. X sustained a work-related injury when X XX a X and landed on XX, injuring X X X. Obvious X and X were noted. X was unable to X. X was diagnosed with other X of X of X X and other X of X of X X. On XX, X, MD saw X. X for a follow-up of X X X injury and X. X. X continued to have X symptoms. X had to support X X due to the X. X felt the X was unstable out of the X and X was overall not pleased with X residual instability. X described X type symptoms in the X of the X. X also had a X that was troublesome to X in the X of X X and the X of the X.

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Examination findings included X at X, possible 2+ with an endpoint and increased X and X. X and X revealed a X of the X with an X. X was noted at the X. There was X noted in the X of the X. X continued to have residual instability in X X X status post X. X had X (X) and X(X) X Per Dr. X, X was a candidate for an additional staged procedure to include a X X X reconstruction using X and X versus X using X. X would continue with activity X and X and remained excused . Dr. X evaluated X. X on X for a follow-up of X X X injury and surgeries. On examination, X X revealed residual X with an endpoint. There were increased X with an endpoint. X revealed a reduction of the X with an endpoint X was noted at the X. The sensation was decreased over the X with a positive X. Dr. X assessed X. X to have residual instability in X X X from multiple X injury status X. X had X and X. X-rays of the X X performed on X demonstrated X changes of recent X placement. It also showed X that might represent chronic X. X report done on X showed no evidence of deep X of the XX. An MRI of the X X performed on X demonstrated small X X; postsurgical changes with X XX repair, and intact X; moderate X of the posterior XX of the X. No appreciable X were seen. Treatment to date included X to include X, X, and X and X fracture; and examination under X with a X X for postoperative pain control; XX; X; use of X;X;X; and X. X was excused from X . A Notice of Adverse Determination by X, MD dated X indicated that the request for X X X with X and X and X was not certified. The rationale was, "Based on the clinical

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information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per guidelines, posterior X is under study. While medial X is not recommended for isolated injuries. The X is the most frequently injured X of the X, but isolated injuries are treated non-surgically. The patient underwent an X, X, and X) X and X X X(X)and X on X. Per X report, the patient continued to have X symptoms in his X X. The provider recommended an additional staged procedure to include a X X X using X as well as X versus X using X. However, there was limited evidence of treatment efficacy based on controlled trials to utilized the requested surgery. Guidelines also stated that the X, appear to have a X for X, and the need for X is limited. Exceptional factors were not clearly addressed as well". Per Notification of Reconsideration Adverse Determination report dated X by X, MD, the appeal for the request for X X X with X(X) and X(X) X and X was not certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. During the peer discussion, it was stated that the patient had a X, but not a X. X is not thought to be able X. The designee stated that it is past a grade1. The patient had X. MRI results were discussed. The patient does not fully meet the criteria per ODG guidelines. The patient has not undergone a trial of X, which could support ligamentous instability. The PCL

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appears to be mild and not the primary source of X problems. Therefore, the request for X X and (X) with X (X) and X(X) X and X is not supported.”

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

The ODG indicates that X recommended only for X as majority of injuries can be treated conservatively. Surgery is only indicated when there is a X. Guidelines indicate current evidence favors a X. Conservative management includes X and is recommended for X with mild symptoms of low activity demands. The documentation provided indicates that the X has ongoing complaints of X in the X X despite previous X. The X continues to have a X on physical exam. A X has been ineffective. The X had a previous X and X repair as well as X and X. An MRI dated X did not document a X or X. The treating provider has recommended a X and X. Based on the documentation provided, the ODG would not support the requested X as there is no documentation of a X on imaging, only X documented on X, and no documentation indicating that a X has been utilized. Therefore, the request is recommended for noncertification. Given the documentation available, the requested service(s) is considered not medically necessary. The ODG supports medial collateral X

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only when there is a non-isolated injury and a concurrent additional X with ongoing X and X. The documentation provided indicates that the X has ongoing complaints of X X despite a X and previous X, X, and X. A physical exam documented residual X and an endpoint. An MRI did not document evidence of X. The treating provider has recommended an X and X with X. Based on the documentation invited, the ODG would not support the requested X and X as there is no clear documentation of X on imaging and no concurrent X required. The request is recommended for noncertification.

Given the documentation available, the requested service(s) is considered not medically necessary and the decision is upheld.

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- XICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG, 2019: X and X