

# Core 400 LLC

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## **Information Provided to the IRO for Review**

Clinical Records – X  
Notification of Adverse Determination – X  
Peer Review – X  
Physical Therapy Notes – X  
Letter of Medical Necessity – X  
Notification of Reconsideration Adverse Determination – X  
Diagnostic Data – X

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

X. X X is a X-year-old X who was injured on X. X had a X injury that resulted in fall at work. X was X and X X X, and X and X on the X X. The diagnosis was complex X of the X X, current injury, X X, initial encounter (X)

On X, X. X was evaluated by X, MD for X X pain. The pain was constant, worsening, and moderate in severity. The pain was aggravated by activity. X continued to have ongoing symptoms of a X X X in X X X. Prior authorization for X X diagnostic X and X X X had been denied by X insurance company. X continued to complain of pain along the X X after an injury in X. X complained of X, , and X. X reported having difficulty X and having X. X had not improved with X, X, and X. X continued to have symptoms with X, X, X, X, and at X. X X examination revealed a X from prior surgery. There was X, moderate X, and X at the XX. There was X as well X along the X and X of the X. Range of motion was X of X degrees where X degrees was normal, and 0 degrees of X, which was normal X test was positive. X had an MRI demonstrating evidence of a signal along the X X. No obvious X was noted. X had XX, which was negative for an X. X continued to demonstrate clinical signs and symptoms consistent with a X X X. X also reported a history and mechanism of injury consistent with this as well. Dr. X had recommended further treatment of X ongoing X X X X pain with X X diagnostic X and potential XX.

Per evaluation by Dr. X on X, X. X reported having ongoing symptoms in the X X with XX. X continued to report history and physical examination consistent with a X X and possible recurrent X X. X. X continued to complain of pain along the X with X X, and X. X also reported having pain at X. X reported using a X with only mild improvement. X reported having ongoing symptoms in spite of conservative measures with X, X, X and X. X returned for follow-up evaluation. On physical examination, the X X was X. The X X demonstrated 0-100 degrees of motion. There were X X and a positive X sign. There was no X. There was a X. There was popliteal discomfort with extremes of X. There was no reverse X sign. There was no X, X, or X that could be appreciated. There was mild discomfort along the X and X of the X. There was no tenderness along the X of the X. The XX, X and X of the X X were negative for any X. The X remained congruent. There was no ongoing medication documented in this visit. X. X continued to have symptoms and history consistent with a X X X. X had failed X management with XX, X, and X. X continued to have symptoms that interfered with activities of daily living. The provider recommended further evaluation with X X diagnostic X with XX and X as needed.

Per follow-up X evaluations dated X and X, X. X was seen by Dr. X for X X complaints. The examination remained essentially unchanged as compared to prior visits.

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## Notice of Independent Review Decision

Case Number

Date of Notice: 06/03/19

On X, an initial X evaluation was performed by Dr. X for a work-related X X injury. X had undergone a X therapy following the procedure which was done on X. While performing, X reported having sudden pain as well as "X" in X X X. On X X examination, there was X to X degrees of motion. There was X discomfort with extremes of X and X. There was X tenderness and a positive reverse X. There was X X with deep critical X and XX. The prior X were well healed and nontender.

On X, X. X presented to Dr. X for a follow-up X evaluation regarding X X. X reported ongoing symptoms in the X X with X X tenderness. On examination, the X X demonstrated X to X degrees of motion. There was X X and a positive X There was a X and X discomfort with extremes of X. Mild discomfort was noted along the X and X of the X.

An MRI of the X X dated X, revealed evidence of prior XI X with XX extending from the X to the X. There was X of the XX. There was probably a X. On X, a venous ultrasound of the X X was negative. An MRI of the X X from X showed X body X without evidence of a recurrent X, mild stress-related X, grade X and X, and a X. The X bone scan of the X X dated X was negative for evidence of X. Mild X uptake was seen in the X compartment of the X X that may reflect X change.

Treatment to date included X;X;X;X; examination under of the X X; injection of the X X with X and X; X X XX, X, XX X, X ,X; and injection of the X X with X postoperatively on X . PT was ordered postoperatively, although the amount attended was not noted.

Per a Notice of Adverse Determination dated X, the request for X X diagnostic X with XX, X was denied. Rationale: "Per evidence-based guidelines, X diagnostic X with XX and X are recommended for X with significant subjective complaints and objective findings X by imaging report and after X of X care. In this case, there was limited objective significant findings on examination that would validate the need for surgery. There was also no clear documentation of X limitations and alterations of activities of daily living."

A letter of medical necessity was completed by X, MD on X. It was stated that Dr. X had been treating X. X for X X X work-related injury. X underwent X X X in X for a X X and did well following X surgery. During rehabilitation, X reported having recurrent symptoms in the X X along the X. X did have an MRI that demonstrated X, and subsequently a X and X were performed to rule out any X or X. X. X continued to have ongoing symptoms of X tenderness in X X X. X examination had demonstrated limitation of X with X X tenderness and a positive . No X tenderness had been noted. X did have a recurrent X . X continued to have pain that limited X activities of daily living. X had failed conservative management with X, X, X and X. Clinically, X. X continued to demonstrate physical findings and a history consistent with a recurrent X X X. Dr. XX had recommended as medically indicated, X X diagnostic X with potential XX and X as needed, based upon surgical findings.

Per a reconsideration adverse determination dated X, the appeal for X X diagnostic X with XX and X was denied. Clinical basis for determination: "Per guidelines, surgery is indicated in X with pertinent subjective and objective clinical findings X studies after the provision of conservative care. The patient had been recommended for X X diagnostic X with XX, X. Reportedly, X has failed X treatment including X,X , X and X. Although the patient is a good candidate for X X diagnostic X with XXX. However, the examination and MRI revealed X X without evidence of a recurrent X. Clarification is needed regarding the request and how it might change the treatment recommendations as well as the patient's clinical outcomes. Exceptional factors could not be clearly identified. Furthermore, during the peer discussion with Dr. X the provider stated that they did the surgery in X. The patient injured themselves during X along the XX. The provider suspects another X. The

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*patient has pain with X, X and X The patient has had X treatment to include X and X. The X was discussed. The patient does not meet the criteria per guidelines. The patient has been worked up for a X, which was reported as negative, however, their enhanced imaging does not support any X; therefore, the request is not supported."*

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

The ODG supports the use of diagnostic X as an option for select X who have failed at least X of X treatment including X and X and/or X was subjective complaints of pain and functional limitation despite X care and X imaging. Records available indicate no evidence of significant degenerative change. There is a focal area of high-grade X the X X the prior MRI. Given the persistent pain complaints, failure to improve with previous conservative modalities, pain localized along the X X. progression to diagnostic X would be reasonable to evaluate for possible meniscal pathology given the persistent mechanical symptoms.

Certification is advised for CPT X

Regarding the remaining procedures, noncertification would be advised at this time. While additional procedures be anticipated is being billed, the records available or sufficient to support a diagnostic X would not necessarily support the other codes until the primary pain generator can be identified under direct visualization. As such, X certification for the diagnostic X alone is advised with the possibility for retrospective authorization for X additional procedures which are indicated during the operative intervention.

### ***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
- 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

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- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

### **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.