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IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X with date of X. X was X. X got it out and the X. X was diagnosed with X. X was seen by X, MD on X for discussing the denial of the X. X was on X. X continued to have significant X. X was denied on a second attempt and the reviewer felt X should have continued with X. The reviewer was quoted as saying X. Dr. X opined that X would not be X. It was explained that X had a X and X would X results. Examination of the X revealed X pain. Examination of the X showed X. It caused discomfort in all X. X and X noted. X to X was noted over the X. X and X revealed X. X testing in both X elevation, X, and X showed X with X noted with X and X testing. It also caused the majority of discomfort. It was consistent with a X. A X click was

also noted with testing. A positive X test was seen. There was evidence of a X. X examination remained consistent. A X with X and X. X test was noted to be X. Evidence of X at the X noted. X sign was noted to be X. Per Dr. X, further delays in care would definitely compromise X results with regard to X. The X was to be addressed in an expeditious fashion. X type of injury fell outside of the ODG guidelines. X mechanism of injury was consistent with a X. X physical examination showed X along with X. X was X. X was a X. X was X. To suggest 1 year of X was more than unreasonable. The X would not be X. The need for a possible X. X would not be able to return to X usual and customary work. This would represent a X and was more than an X. An X and X of the X dated X showed an X evidence of X in its X that affected X and X, without X on X. Clinical correlation with the typical X and X of X could be considered. There was possible X. Isolated X, and X, and X could not be ruled out in their entirety, and as such, clinical correlation was recommended. There was no X evidence of X. An MRI of the X joint dated X demonstrated a large X of the X, extending into the X of the X, with X. No X was noted. There was a X, with X. X of the corresponding X was seen. There was medial X of the long X with X and X of the X. Treatment to date consisted of medications (X) and modified duty. A letter dated X documented a X by X, MD. It was notified that the clinical findings did not appear to support the medical necessity of the treatment indicated, which included outpatient X. A Peer Review Report was completed by X, MD on X indicating the request for outpatient X was noncertified. Rationale: "The patient is approximately X. The records indicate that the patient has not had any X or X. Guidelines recommend at least X of X treatment prior to consideration of X including X and X. In addition, there is no indication that the patient has had temporary relief of pain with X, as recommended by guidelines prior to consideration of X. Further, the patient reports X in the X. The provider has recommended X of the X to rule out X. The provider has not submitted the results of the X studies. Guidelines require that X has been ruled out. The patient has X and it does X. In the absence of X evidence of red flags, the patient should exhaust all forms of appropriate conservative care prior to considering an invasive procedure. Given these reasons, the patient does not meet guideline criteria." A letter dated X documented a Reconsideration / Appeal of Adverse Determination dated X by X, MD. At the time, the peer reviewer was upholding the original determination and could not recommend certification of the procedure / treatment of outpatient X as medically necessary.

A Physician Review Recommendation was completed by Dr. X on X. The appeal of X was upheld. The rationale contained excerpts from the X chapter of the ODG guidelines, which included “ODG Indications for X. Not recommended as an isolated procedure. ODG Indications for X. The rationale also included “despite X on examination, the reported date of injury is X. There continues to be no indication that X has exhausted X care treatment as noted in the prior review. According to the treating provider, the X needs to be addressed sooner rather than later. X states the injured X will be X. X of the X did not reveal any significant X changes in the X. Yet, the ODG states, “Conservative Care: Recommend at least X unless meets earlier X for other associated X: X combined with X. Treatment must be directed toward X.” The medical guidelines do not support the treating provider’s X. Thus, the original denial is upheld, and this request is given an adverse determination.”

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

The ODG supports X for injured workers with X. Guidelines indicate that earlier X may be indicated. A X is supported when there is evidence of X. A X excision is supported when there is X which is symptomatic. A X is supported when there is a history, X. The documentation provided indicates that the injured worker complains of X and X. A recent X examination documented reduced X. An MRI of the X documented a X of the X extending into the X the X with X and no X as well as a X with X and X. The treating provider has recommended a X with X. The provider indicates that a failure to provide a X. Based on the documentation provided, given the significant X related to the X which is X and evidence of a X of the X progression to X would be indicated. A failure to provide prompt X intervention can lead to X. A X would be supported given the X. A X be supported as there is evidence of X on X and X examination. A X would be supported as there is X on X as well as X examination.

As such, the requested X.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL