P-IRO Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 779-3287
Fax: (888) 350-0169
Email: @p-iro.com

Notice of Independent Review Decision

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:

☐ Overturned Disagree

☐ Partially Overturned Agree in part/Disagree in part

☒ Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. At work, X was X. X sustained multiple injuries including left shoulder dislocation, right femur fracture, open book pelvis fracture, mandible fracture, and multi-ligamentous left knee injury. The diagnoses included other spontaneous disrupt of anterior cruciate ligament (ACL) of left knee, other dislocation of left shoulder joint, and sprain of lateral collateral ligament of left knee. X. was seen by X, MD on X. X presented with multiple musculoskeletal injuries including a left shoulder dislocation, right femur fracture, and open book pelvic fracture. X was treated by the trauma for X pelvic and femur injuries. X left shoulder was close reduced. X also had X jaw wired shut for a mandible fracture. There was also noted X had multi ligarnentous left knee injury. X also recently had left foot pain and reported some paresthesia of left foot. Left knee examination revealed moderate effusion, positive anterior drawer, positive Lachman's, negative posterior drawer, significant laxity to varus stress, positive extensor hallucis longus, flexor hallucis longus, gastroc-soleus complex, and tibialis anterior, 2+ dorsalis pedis, and posterior tibialis pulses. The sensation was intact to light touch distally. Left shoulder range of motion revealed forward flexion and abduction 130 degrees. On X,X. returned for a follow-up evaluation. X noted no acute events in the interim. X was previously scheduled for surgery; however, that was delayed secondary to cardiac concerns. X was pending formal cardiac clearance. On X, X underwent left knee ACL reconstruction with posterior tibialis allograft and left knee posterolateral corner reconstruction by Dr.X. On X,X. reported that X was overall doing well with no acute complaints. X denied any numbness or tingling. Left knee incisions were clean, dry, and intact. The sensation was intact distally. X-rays of the left knee showed a stable appearance of ACL and PLC hardware. An MRI of the left knee on X showed a complete ACL tear with significant posterior lateral corner injury, that included tears of the popliteus muscle, lateral collateral ligament and biceps femoris tendon, second fracture was also noted; tear and avulsion fracture of the distal iliotibial fascial band Gerdy's tubercle; partial tear of the lateral gastrocnemius muscle at its

attachment to the lateral femoral condyle; thickening of the retinaculum correlated with partial tear; and retropatellar chondral defects were noted. Treatment to date included medications (X. Per utilization review by X, MD on X, the request for X was non-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. The claimant attended inpatient rehabilitation through X. A recent progress report for the claimant was not included for review. Without a current evaluation or progress report for the claimant noting continuing rehabilitation requirements In addition to other clinical conditions that necessitate an inpatient rehabilitation stay as requested, certification is not recommended. "Per utilization review by X, MD on X , the request for X was non-certified. Rationale: "X was previously scheduled for surgery; however, this was delayed secondary to cardiac concerns. X is currently pending formal cardiac clearance. Anticipate possible continuation of inpatient rehab following left knee multi-ligament reconstruction surgery. The claimant had no acute events recently. There are no recent diagnostic reports submitted regarding the current condition. Pending information, the current request for X is noncertified Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. "The requested X from X is not medically necessary. Based on the submitted medical records, the patient underwent a left knee ACL reconstruction and left knee posterior lateral corner on X. The operative note indicates that the patient was to be discharged home that day. No records have been submitted which would explain the rationale for a X. No new information has been provided which would overturn the previous denials. X is not medically necessary and non-certified

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

The requested X is not medically necessary. Based on the submitted medical records, the patient underwent a left knee ACL reconstruction and left knee posterior lateral corner on X. The operative note indicates that the patient was to be discharged home that day. No records have been submitted which would explain the rationale for a X. No new information has been provided which would overturn the previous denials. X is not medically necessary and non-certified

Upheld

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