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***Notice of Independent Review Decision***  
***Amendment X***  
***Amendment X***

**IRO REVIEWER REPORT**

**Date:**X; Amendment X; Amendment 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 Overtuned      Agree in part/Disagree in part
- Upheld      Agree

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW: X**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X is a X who was injured on X. X was X. X was unable to put any weight on X right leg and experienced immediate pain, making it difficult to walk. The diagnosis was tear of medial meniscus of right knee, current, unspecified tear type. Please note, no office visits were available for review. On X, X underwent a designated doctor examination performed by X, DC to make a recommendation about X medical condition or to resolve a dispute about a work-related injury or occupational illness. X ongoing complaints included constant, severe right knee pain. Specifically, X had trouble with the following activities of daily living: bathing, grooming, dressing, sleeping, urinating, standing, walking, climbing stairs, sitting, having bowel movements, pushing, pulling, lifting, driving, and reaching. X ongoing level of overall pain was X, described as sharp and achy. X pain was also made worse when standing and shifting onto X right leg. X pain was made better by sitting with X right leg elevated. X had numbness in all right toes intermittently throughout the day. X had weakness of X right knee when walking or standing. Since the injury, grinding and mechanical symptoms had made it unbearable to bear any weight on X leg. X continued to experience occasional coldness from X right knee down to X toes. Overall, X response to treatment was unchanged, stating, "I am still unable to bear weight on my right knee and cannot support my own body weight. Additionally, I am experiencing significant pain." The right knee examination revealed that X presented X. X knee was severely painful to palpation at the X. There was decreased sensation along the lateral right knee to light touch and pinwheel. X complained of knee pain upon weight bearing, stiffness after sitting daily with soreness, having to walk on a bent knee with no use of right knee, inability to squat with the right knee, a feeling that X knee would give way, and the inability to climb stairs. X had grinding / clicking of the knee, pain that awakened X at night when turning, locking / catching,

and swelling at the end of the day. No visible swelling or effusion was noted. X were negative yet painful on the right. X was X. X was X at X degrees and X degrees. X was unable to bear weight; therefore, toe walk, heel walk, balance testing, and squat testing were omitted. Knee active range of motion (AROM) revealed extension was X degrees on the right and X degrees on the left. Flexion was X degrees on the right and X degrees on the left. The lower extremity X revealed leg extensors (X) +X on the right and +X on the left, and leg flexors (X) +X on the right and +X on the left. The compensable diagnoses included sprain of unspecified site of right knee; strain of right quadriceps muscle, fascia and tendon; and sprain of anterior cruciate ligament of right knee. On review of records, an MRI of the right knee dated X revealed the following: 1)X. 2)X. 3)X. 4)X. 5)X. 6)X. 7)X. Dr. X opined as follows: Given the specific mechanism of injury, there was a direct causal relationship, a x. This addressed the reasonable medical probability that X mechanism of injury directly caused X. Dr. X further opined that the X as noted on X MRI was a X. Although X had degenerative changes within X knee, the presence of a clean, non-degenerative appearing X. Regarding X remaining MRI findings, Dr. X agreed that these were degenerative in nature. Although these were degenerative in nature, these factors present within the knee joint made X knee more susceptible to X. X had not reached clinical maximum medical improvement (MMI) for X compensable injuries and was expected to do so on or about X. With regard to X compensable injury of a right knee sprain / strain and a right knee ACL sprain only, X had not received the guidelines-based care with a note of X decreased range of motion and positive laxity orthopedic testing, given X mechanism of injury. For X compensable injuries, after receiving the guidelines-based care of X, X should reach clinical MMI on or about X. Regarding extent of injury, Dr. X opined that the injuries sustained extended to include a X. On X, X, MD placed a request for surgery for X, to include X. Per a utilization review adverse determination letter dated X and a peer review report dated X by X, MD,

the request for X, was denied. Rationale: “The request for X is not medically necessary. The claimant has a symptomatic medial meniscal tear. Guidelines require a trial of nonsurgical treatment. Based on the provided documentation, it is unclear if the claimant has had a trial of X. Therefore, the request for X is not medically necessary. “Per a reconsideration review adverse determination letter dated X and a peer review report dated X by X, MD, the appeal request for X, was denied. Rationale: “The request is not medically necessary. In this case, the claimant has X. However, there was no MRI provided, types of conservative treatment or mechanical symptoms provided. Therefore, the request is not medically necessary. “Based on the submitted medical documentation, the requested procedure is not medically necessary. The submitted records do not demonstrate that the patient has undergone a course of X. As such, the requested procedure is not appropriate. 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:**

Based on the submitted medical documentation, the requested procedure is not medically necessary. The submitted records do not demonstrate that the patient has undergone a course of X. As such, the requested procedure is not appropriate. 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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**