

True Decisions Inc.
An Independent Review Organization
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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 was injured on X. X was X. The diagnosis was injury of right peroneal nerve (S84.11XXA) and right lower extremity pain (M79.604). On X, X, MD evaluated X for chief complaint of right knee pain. X was transitioning into care from another physician (Dr. X). X presented for a second opinion for right lower leg pain since X, approximately X months from date of injury. X reported rolling X. X developed medial lower leg and medial thigh pain, with pain to the touch. X performed X which did not seem to help much. X then started to have pain on X lateral lower leg a few months later. The pain over X lateral lower leg was the most bothersome, stabbing, radiating to X foot, worse with walking, climb stairs, and bending X knee. Since walking was a significant aggravating factor, X was limited in performing X job, requiring X to walk and climb stairs. The pain was better with compression at this sight, using a X. X applied heat which did not improve. X used a combo of X which helped a bit. X also used ice which helped. X reported seeing Dr. X with pain management and receiving X. X had an ultrasound of X lower leg which X reported someone saying something about the X. X also had an MRI of X entire leg. X was being treated for an X by X rheumatologist who previously performed a "X" which was X. X had also been seen by neurologist Dr. X. X saw a hematologist in X for X. X saw Dr. X for X right leg pain who recommended a second opinion. On examination, right lower leg revealed tenderness to palpation over the X. X had full active range of motion of knee with pain upon flexing the knee more than X degrees. There was X over common X. X was X. The recommendation was for X. An MRI of right lower extremity dated X, revealed X. There was X. An MRI of the right femur dated X revealed X. Findings highly suggestive of X. There was X. The remaining X. Treatment to date included X. Per a utilization review adverse determination letter dated X, by X, MD, the request for an X was denied. Rationale: "The ODG conditionally recommends a X. In this case, the claimant has been diagnosed with injury of right peroneal nerve. The prior treatment has included X. The exam is pertinent for X over the common peroneal nerve. Despite appropriate conservative efforts, the pain continues and is

impacting activities of daily living. In this scenario, an X would be reasonable to maximize conservative efforts and for diagnostic purposes. As such, the request for X is medically necessary. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. The ODG conditionally recommends X. X is not recommended for X. X can be considered if there has been X. In this case, the claimant has been diagnosed with an injury of right peroneal nerve. The documentation does not suggest that there are findings consistent with X. Lastly, there was no rationale to support X. As such, the request for X is non-certified. "Per a reconsideration / utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: "The Official Disability Guidelines recommend X. While X are recommended for X associated with X. The claimant was complaining of lower leg pain. Objective findings include tenderness over bilateral lower leg and X over peroneal nerve bilateral sural nerve. However, there was no indication that the claimant has X. Thus, the request for X is noncertified. "On X, X, MD provided an appeal letter for the request of X. Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, by X, MD, the request for an X was denied. Rationale: "The ODG conditionally recommends a X. In this case, the claimant has been diagnosed with injury of right peroneal nerve. The prior treatment has included X. The exam is pertinent for X over the common peroneal nerve. Despite appropriate conservative efforts, the pain continues and is impacting activities of daily living. In this scenario, an X would be reasonable to maximize conservative efforts and for diagnostic purposes. As such, the request for X is medically necessary. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. The ODG conditionally recommends X. X is not recommended for X. X can be considered if there has been X. In this case, the claimant has been diagnosed with an injury of right peroneal nerve. The documentation does

not suggest that there are X. Lastly, there was no rationale to support X. As such, the request for X is non-certified.” Per a reconsideration / utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: “The Official Disability Guidelines recommend X. X are recommended for X. The claimant was complaining of lower leg pain. Objective findings include tenderness over bilateral lower leg and X over peroneal nerve bilateral sural nerve. However, there was no indication that the claimant has X. Thus, the request for X is noncertified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The request is for X. X for evaluation and treatment of X. Diagnoses are listed as injury of right peroneal nerve, sprain of other ligament of right knee, right knee strain, inguinal strain, right. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. 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 clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: “The ODG conditionally recommends a X. In this case, the claimant has been diagnosed with injury of right peroneal nerve. The prior treatment has included X. The exam is pertinent for X over the common peroneal nerve. Despite appropriate conservative efforts, the pain continues and is impacting activities of daily living. In this scenario, an X would be reasonable to maximize conservative efforts and for diagnostic purposes. As such, the request for X is medically necessary. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time. The

ODG conditionally recommends X. X is not recommended for X. X can be considered if there has been X. In this case, the claimant has been diagnosed with an injury of right peroneal nerve. The documentation does not suggest that there are findings consistent with X. Lastly, there was no rationale to support X. As such, the request for X is non-certified.” Per a reconsideration / utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: “The Official Disability Guidelines recommend X. While X are recommended for X. The claimant was complaining of lower leg pain. Objective findings include tenderness over bilateral lower leg and X over peroneal nerve bilateral sural nerve. However, there was no indication that the claimant has X. Thus, the request for X is noncertified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The request is for X. Guidelines support X. Diagnoses are listed as injury of right peroneal nerve, sprain of other ligament of right knee, right knee strain, inguinal strain, right. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. 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