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Notice of Independent

Review Decision

IRO REVIEWER REPORT

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:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained an injury on X when X X the right knee. The claimant had been followed for pain at the right knee X. The claimant did attend post-operative physical therapy X. The claimant had used X. The claimant was prescribed X. The X right knee MRI report noted a moderate amount of X. There was X. A X was not detailed. There was no evidence of a X. There was X but X was reported. The X evaluation noted continuing right knee pain with the physical exam noting right knee X.

The X requests were denied by utilization review as there was no evidence of X.

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

In review of the clinical findings, the claimant is status post right knee X . The claimant did X. The current physical exam for the claimant still noted X at the right knee with a X. However, the current MRI report did not detail a X for the right knee. Imaging also did not detail significant right knee X to support proceeding with a X.

Therefore, it is this reviewer's opinion that medical necessity for the X requests is not established and the prior denials are upheld.

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

- X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**