



MedHealth Review, Inc.  
422 Panther Peak Drive  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax (972) 827-3707

## Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES:** 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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a X who sustained an industrial injury on X and is seeking authorization for a X. A review of the medical records indicates that the injured worker is X. Per the progress note dated X, the injured worker was reported to be on work restrictions.

Prior diagnostic testing included x-rays of the left knee, as noted on the X exam, to show X. X-rays of the left knee, as noted on the X exam, show previous X.

Previous treatment has included X.

Operative report dated X was for left knee arthroscopy, ACL (anterior cruciate ligament) reconstruction, and lateral partial meniscectomy with quadriceps allograft.

Progress report dated X has the injured worker X weeks postoperative. X continues to progress in physical therapy and has continued to walk with X brace locked in place. The exam reveals a T-scope brace in place. The range of motion is X. The treatment plan included transition to ambulating with the brace unlocked and continue the brace for the next X weeks. X is in physical therapy. X is cleared for sedentary/seated desk or office-type work.

Progress report dated X has the injured worker X weeks, X days status post knee surgery. During the last visit, X was to continue wearing X brace and continue physical therapy. X notes the left knee is doing well overall. X has continued to wear X brace without significant instability or pain. The exam reveals a range of motion of X. The treatment plan included a X.

Progress report dated X has the injured worker X months status post left knee surgery. During the previous visit, an order was placed for a X, and X was doing well overall. Today X reports X is doing well overall. X has returned to work without pain or discomfort. X has been gradually progressing X activities of daily living without difficulty. The exam of the left knee reveals a range of motion is X. There is no instability. The treatment plan included an X while exercising in the gym; and continued work restrictions for X months.

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

In this case, this X sustained an industrial injury on X, is seeking authorization for a X.

Overall, X presented on X being X weeks, X days status post knee surgery. During the last visit, X was to continue wearing X brace and continue physical therapy. X notes the left knee is doing well overall. X has continued to wear X brace without significant instability or pain. The exam reveals a range of motion of X degrees of hyperextension on the contralateral side.

As per ODG, "X".

However, detailed documentation is not evident regarding any abnormalities on the X exam, including valgus, varus, tibial varum, disproportionate thigh and calf, or minimal muscle mass. Additionally, as per ODG, "2. Skin changes, such as a. Excessive redundant soft skin or b. Thin skin with risk of breakdown (e.g., chronic steroid use)... Severe instability noted on physical examination of knee". The X exam did not document any skin changes including

excessive redundant soft skin or thin skin and/or any instability of the left knee that would meet the criteria for the custom X.

Also, as per ODG, "X." The X is being requested for use in the postoperative left knee ACL (anterior cruciate ligament) reconstruction surgery. However, the X exam had a treatment plan noted to continue the already utilized T-scope brace for X weeks. On the follow-up dated X, X noted X was doing well overall and continued to wear X brace without significant instability or pain. There were no significant changes corroborated on the X exam that would indicate a need to continue bracing, (including but not limited to) a new/custom-functional brace. There were no objective findings of instability, a significant decrease in range of motion, or an increase in X pain levels.

Based on the records submitted, there is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for a X is not medically necessary.

**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 JUDGEMENT, CLINICAL  
EXPERIENCE AND EXPERTISE IN ACCORDANCE  
WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE  
GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES &  
TREATMENT GUIDELINES**
- PRESSLEY 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)**