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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 Overtuned 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. X was X. The diagnoses included tear of medial meniscus of right knee. X was seen by X, MD on X for right knee pain. X denied any numbness or tingling. Right knee examination revealed X. On X, X presented to X, PA / Dr. X for right knee pain. X reported that X continued to have pain X. X was denied and X was approved. X body mass index was X. Right knee examination was X. An MRI of the right knee on X showed X. Treatment to date included X. Per the Adverse Determination dated X by X, MD, the request for X was non-certified. Rationale: "The Official Disability Guidelines conditionally recommend X. Not recommended for X. On X, the claimant was seen for a follow up visit at X reported pain to the right knee. On exam, there was a X. A right knee MRI dated X revealed the following X. A moderate X was noted without a X. There was a X. There was a X. A X was not noted. The X was intact. There were X. There was a X. There is no documentation that the claimant had X." Per an utilization review by X, MD on X, the request for X was non-certified. Rationale: "Per ODG by X. Not recommended for X. X is usually contraindicated with any imaging presence of osteoarthritis (OA)/degenerative tear or duration of symptoms over one year; obesity also suggests poorer outcomes. A peer discussion occurred, and the case details were discussed. The patient is a X who sustained an injury on X. The patient has not had any X are reported. X requested X is not medically necessary and is denied." Per the Prospective Review (M2) Response dated X, "Disputed Issue: The issue in dispute is the denial of preauthorization approval for X as requested by X, MD at X. In response to the request for preauthorization with Adverse Determination Denial, on X, the Physician Advisor stated: "Deny: The Official Disability Guidelines conditionally recommend X. Not recommended for X. On X, the claimant was seen for a follow up visit and reported pain to the right knee. On exam, there was a X. A right knee MRI dated X revealed the following impression: X. A X was noted without a X. There was a X. There was a X. A X was not noted. The X was intact. There were X. There was a X. There is no documentation that the claimant had X. ADDITIONAL COMMENTS: Physician Advisor attempted a peer- to-peer telephone conversation with X, MD on X and X. Call back information and due date were

provided. SUPPORTING CRITERIA USED FOR THIS REVIEW: The decision was based on accepted standards of practice that are evidence based, scientifically valid and out-come focused medical practices. OFFICIAL DISABILITY GUIDELINES." In response to a request for reconsideration with Appeal Determination Denial for X as requested by X, MD at X, on X, the Physician Advisor stated: Deny: Per ODG by MCC Knee and Leg (Last review/update date: X) X. A peer discussion occurred, and the case details were discussed. The patient is a X who sustained an injury on X. The patient has not had any X are reported. The requested X is not medically necessary and is denied. ADDITIONAL COMMENTS: Physician Advisor completed a peer-to-peer telephone conversation with Dr. X and discussed the case and clinical records above on X. SUPPORTING CRITERIA USED FOR THIS REVIEW: The decision was based on accepted standards of practice that are evidence based, scientifically valid and out-come focused medical practices. OFFICIAL DISABILITY GUIDELINES." TASB maintains its position that the proposed treatment for X as requested by X, MD at X, LLP is not medically reasonable and necessary for the treatment of the compensable injury. Review of medical notes indicates that the claimant who is a X, sustained a WC injury while working for the X on X. According to documentation, mechanism of injury was detailed as X. Compensable area is the right knee only. Disputed areas by the carrier were not reported. Significant past medical history is X. Comorbid conditions were not identified. X height is 5'9" with a weight of 295 lbs. and BMI of X. According to X medical notes and issued by X, NP, the claimant was X. Based on the diagnosis of a sprain to right knee, treatment included an MRI of the right knee and referral to X, MD for further orthopedic care. Subsequently, based on the diagnosis of right knee medial meniscus tear, further orthopedic treatment by Dr. X included a X done on X. Continuation with home exercise program and follow up in a month was recommended. As noted by the Physician Advisors during the Adverse and Appeal Denials, The Official Disability Guidelines conditionally recommend X. Not recommended for X. As discussed with Dr. X during a peer-to-peer discussion during the Appeal Determination Denial, there was no documentation that the claimant had X. Therefore, based on the reviewed documentation, the medical necessity for the proposed X as requested by X, MD at X, LLP in a patient who is over the age of X with an X. According to the medical documentation, the claimant sustained an injury on X. The treating provider has requested a X. The treating provider as provided a X. The most recent medical documentation does not indicate the presence of X. The MRI report does demonstrate the presence of

X. There is no documentation that the claimant has participated in a course of X. Therefore, 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:

According to the medical documentation, the claimant sustained an injury on X. The treating provider has requested a X. The treating provider as provided a X. The most recent medical documentation does not indicate the presence of X. The MRI report does demonstrate the presence of X. There is no documentation that the claimant has participated in a course of X. Therefore, 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)**