

Notice of Independent Review Decision

X:

Date of Amendment: X

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or 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)

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

The claimant is a X diagnosed with complex tear of medial meniscus, current injury, left knee, initial encounter (S83.232A). This review is to determine the medical necessity of X.

According to the X dated X depicted that, "X."

Finally, the Denial Letter by IMO Managed Care dated X stated that, "IMO Physician Advisor X has non-authorized reconsideration for X as not medically necessary. Rationale: ODG by MCG Last review/update date: X, X. The patient was diagnosed with a complex tear of the medial meniscus, current injury of the left knee, pain in the left knee, and other tears of lateral meniscus, current injury of the left knee. The requested X is not medically necessary. There is no documentation provided to demonstrate severe osteoarthritis. As such, the guidelines have not been met. Therefore, the requested X is non-authorized."

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The claimant is a X diagnosed with complex tear of medial meniscus, current injury, left knee, initial encounter (S83.232A). This review is to determine the medical necessity of X.

X are medically necessary when X. The claimant has over X-months of left knee pain secondary to moderate knee osteoarthritis and meniscus tears. A meta-analysis of randomized control trials by X, a retrospective study by X, and an orthopedic clinical practice guideline by X.

Therefore, it is the professional opinion of the medical reviewer to overturn the previous adverse determination, the request for X) is medically necessary for this claimant.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and 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