

## Notice of Independent Review Decision

**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 patellofemoral disorders, left knee (M22.2X2), other tear of lateral meniscus, current injury, left knee, initial

encounter (S83.282A), other spontaneous disruption of anterior cruciate ligament of left knee (M23.612), and other tear of medial meniscus, current injury, left knee, initial encounter (S83.242A). This review is to determine the medical necessity of X.

The X by Dr. X, MD dated X depicted "X."

According to the Progress Notes by X, PA dated X, the claimant followed up for evaluation of X left knee. X symptoms remained the same. "X has episodes where the patella feels like it's going to sublux. X job does not have light duty work." X surgical history included X. Physical examination revealed tenderness along the X.

Finally, the Denial Letter by X dated X stated that, "On behalf of X, we reviewed the appeal of the UR denial determination for the treatment of X, DOB X that was received on X. It was determined that the request still does not meet medical necessity guidelines. The UR number for this request is X. No additional information is required at this time."

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

The claimant is a X diagnosed with patellofemoral disorders, left knee (M22.2X2), other tear of lateral meniscus, current injury, left knee, initial encounter (S83.282A), other spontaneous disruption of anterior cruciate ligament of left knee (M23.612), and other tear of medial meniscus, current injury, left knee, initial encounter (S83.242A). This review is to determine the medical necessity of X.

The medical necessity for a X is supported by the claimant's clinical presentation and imaging findings, which align with established guidelines, including the Official Disability Guidelines (ODG). The MRI clearly shows X. These findings correspond with the claimant's persistent symptoms, including knee pain and episodes of instability, where the patella feels as if it

is subluxing. Physical examination findings, such as tenderness along the patella and a positive McMurray's test, further confirm the diagnosis of meniscal injury.

X, including activity modification and X, have not been effective. The claimant's work situation, which does not allow for light-duty accommodations, adds to the challenge of managing symptoms nonoperatively. Although the claimant X, where surgery is not recommended. Given the documented X is reasonable and appropriate to address the patient's ongoing issues and improve their quality of life.

Therefore, it is the professional opinion of the medical reviewer to overturn the denial for X due to medical necessity. This decision was based on the claimant's medical records, medical literature, and the ODG guidelines for medial and lateral meniscectomy.

**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