

Notice of Independent Review Decision

X

Amended: 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. This review is to determine if X, are appropriate for the claimant's condition.

The denial letter from X from X dated X states, "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. No peer conversation was conducted with Dr, X. The note dated X and X both state there is significant VM:O atrophy. The CPM notes from X discuss muscle weakness, the note was not specific to what muscle. Since we do not know whether there was VMO weakness during post operative care, or chronic pain management, We do not know when this atrophy began. If it was there prior to chronic pain management, then the X would exceed the amount recommended for X. If it was there during chronic pain management, then the guidelines recommend X after chronic pain management has been completed. If this is the first time the VMO atrophy is being noted in X then this would suggest a significant difference in the patient's presentation. Since the documentation which was reviewed is not clear concerning this, nor did we have a peer conversation with Dr. X, The recommendation is for non-certification of this request.

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

The claimant is a X. This review is to determine if X, for the right knee, are appropriate for the claimant's condition.

Vastus Medialis Oblique (VMO) muscle atrophy is a condition where the VMO muscle, one of the quadriceps muscles in the front of the thigh, becomes weakened and smaller in size. It is often associated with knee problems, especially patellofemoral pain syndrome (PFPS) or patellar tracking disorder. X plays a crucial role in addressing VMO atrophy for several reasons:

X

X would be advantageous for this claimant, and it's worth noting that X might be considered a conservative approach to assist this individual. There are no guidelines for VMO atrophy, however, ODG Criteria Recommended for patellofemoral pain syndrome treatment includes: X, do not recommend knee braces or foot orthoses, and do not recommend surgery. Therefore, the denial is

overturned, and it is the professional medical opinion of this reviewer that the X, are medically necessary for the 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
- 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)