P-IRO Inc.

Notice of Independent Review Decision

Case Number: X Date of Notice: X

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 779-3287
Fax: (888) 350-0169
Email: @p-iro.com

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 Overturned	Agree in part/Disagree in part
☒ Upheld	Agree

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. X was walking down an embankment when X slipped in X leg and slid forward while working. The diagnosis was tear of meniscus of knee- left. X was seen by X, NP on X for left knee pain. X was walking down an embankment when X slipped in X leg and slid forward while working on X. X felt a pop accompanied by acute pain. X continued to experience symptoms of pain with ambulation, clicking, popping, and catching. X experienced locking occasionally as well. Prior to this incident X was completely asymptomatic. X had been taking over-the-counter anti-inflammatories which were prescribed to X by the emergency room. X had been working on gentle physical therapy exercises at home as well. On examination, X had full extension of X left knee and had flexion to about 120 degrees. X was tender over the anterior joint line palpation. X was in pain with McMurray's testing. X experienced catching, locking, and giving way. An MRI was reviewed from hospitality ER showing evidence of a meniscal tear of the left knee. There are no signs of fracture or dislocation. The assessment included tear of meniscus of knee- left. X presented with a confirmed meniscal tear left knee secondary to work related injury. X had been taking over-the- counter anti-inflammatories, prescription anti-inflammatories, and working on gentle range of motion. X symptoms had persisted until this time. X was beginning to experience more catching and locking with ambulation. It was opined that X would be the most reasonable treatment. X was to move forward with seeking approval from Worker's Compensation at the time. In the meantime, X would be left on a work profile to avoid squatting, bending, twisting, and stooping. X was also recommended to avoid stairs or ladders as well. An MRI of the left knee dated X showed medial meniscal tear. There was mild proximal patella tendinopathy without discrete tear. There was small Baker’s cyst. Treatment to date included over-the-counter anti-inflammatories, physical therapy, prescribed medications, and activity restrictions. Per a peer review report dated X by X, MD, the request for X was denied. Rationale: “The request is not medically necessary. Guideline criteria cannot support the surgical request since there was no documentation of left knee imaging within the past year. Additionally, there was no documentation that the claimant has failed conservative treatment with physical therapy. As such, medical necessity has not been established. Therefore, X is not medically necessary. “Per a peer review report dated X by X, MD, the request for X was medically necessary. Rationale: “The request is medically necessary. The ODG supports X when there are 2 symptoms and 2 signs, failure to therapeutic exercise and medications. and when there are corroborating imaging findings. In this case, the claimant has MRI evidence of a medial meniscus tear with a posterior horn-root junction component. There is persistent pain and mechanical symptoms despite treatment with physical therapy (PT) and medications and the exam is pertinent for joint line tenderness and a positive McMurray test. Proceeding with surgery would be appropriate and standard of care in this scenario. Therefore, the X is medically necessary. “The requested X is not medically necessary. The reported date of injury is X. There is no documented course of formal physical therapy. There is no documented course of conservative treatment for at X. The physical examination findings do not demonstrate an urgency for the X. Therefore, the requested procedure is not appropriate at this time due to the lack of conservative treatment including physical therapy. 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:

The requested X is not medically necessary. The reported date of injury is X. There is no documented course of X. There is no documented course of conservative treatment for at least 6 weeks duration. The physical examination findings do not demonstrate an urgency for the X. Therefore, the requested procedure is not appropriate at this time due to the lack of conservative treatment including physical therapy. X is not medically necessary and non certified.
Upheld

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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 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

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL