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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 Overturned Agree in part/Disagree in part

☒ Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. Please note, no medical records other than 2 utilization reviews were available for review. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “The principal reason[s) for denying these services or treatment: the patient has been referred for an orthopedic second opinion. The clinical basis for denying these services or treatment: ODG only considered X. The patient has continued right knee pain. While symptoms continue to persist, it is not clear that there is an absence of other options likely to result in significant clinical improvement. The X report noted continued right knee pain and recommendations for an orthopedic specialist referral for a second opinion. A peer review on X noted the consultation appeared reasonable but there was also a request for treatment. The review noted treatment was unspecified and the request could not be modified without a peer discussion. An orthopedic second opinion is a reasonable opinion before considering treatment in a X. Therefore, my recommendation is to NON-CERTIFY the request for X. Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “The principal reason(s) for denying these services or treatment: the patient has been referred for an orthopedic second opinion. The clinical basis for denying these services or treatment: ODG only considered X. A peer review performed on X, noncertified a request for X. It was noted that "the patient has continued right knee pain. While symptoms continue to persist, it is not clear that there is an absence of other options likely to

result in significant clinical improvement. The X report noted continued right knee pain and recommendations for an orthopedic specialist referral for a second opinion. A peer review on X noted the consultation appeared reasonable but there was also a request for treatment. The review noted treatment was unspecified and the request could not be modified without a peer discussion. An orthopedic second opinion is a reasonable opinion before considering treatment in a X." In response, an appeal dated X notes that the second opinion was recently denied and has exhausted all other treatment options, However, this is an incorrect statement as the request was not for a 2nd opinion. It was submitted as X Since this is Texas jurisdiction, a modified determination for X only could not have been submitted since there was no discussion with the treating physician. It remains relevant that an X is reasonable before determining the appropriateness of a X. Therefore, my recommendation is to NON-CERTIFY the request for X." Reviewed supplied documentation including peer reviews. Noted that the patient is continuing to experience right knee pain and was referred to an orthopedic surgeon for further evaluation. As reviews state, given that may be considering further treatment options, a X is not warranted at present. 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:

Noted that the patient is continuing to experience right knee pain and was referred to an orthopedic surgeon for further evaluation. As reviews state, given that may be considering further treatment options, a X is not warranted at present. 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

☐ 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