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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 Overtuned (Agree in part/Disagree in part)

☒ Upheld (Agree)

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 [SUMMARY]: X who was injured on X. X was injured at work. X stated that X was up on a X. X worked on that position for a prolonged amount of time. X reported that once X came off the X. X drove to the X. X stated X had to get wheelchair assistance. The diagnosis was left knee sprain and strain of left knee.

A Functional Capacity Evaluation (FCE) was performed by X, PT on X. Per the evaluation, X passed the validity criteria giving X a good validity profile, which indicated that X demonstrated maximum effort. X occupational demand as a X. According to the results of the evaluation, X was performing at a Medium PDL at the time which indicated a moderate functional deficit.

Per a Behavioral Evaluation Report dated X, X, MA, LPC documented that Dr. X referred X for a behavioral evaluation because of chronic pain symptoms and indicators with related adaptive functioning deficits: an adequate and thorough evaluation had been made. After exhausting all appropriate levels of care, X reportedly had not responded successfully; previous methods of treating the X. X did exhibit motivation to change, and was willing to forgo secondary gains. Unless otherwise noted, all historical information in this report was based on X self report and had not been otherwise verified. The problems identified for X included pain focus, poor coping strategies, vocational concerns, symptoms of depression and anxiety, decreased endurance, range of motion deficits, and decreased coordination and balance. Baseline information regarding identified problem areas included: On a scale of X to X, X rated X average

pain level of X. X score of X in the PAIRS indicated an elevated range of impairment. X report on symptoms of depression fall in the moderate range for depression scoring X in the Beck Depression Inventory-II (BDI-II). X report on symptoms of anxiety fall in the moderate range for anxiety scoring X in the Beck Anxiety Inventory (BAI). X relied on prescription oral analgesics to manage pain. X Global Assessment of Functioning (GAF) score was a X. Based on the criteria set forth by the ACOEM, ODG, and TWCC guidelines, X is a candidate for a X. It was recommended that X participate in X.

On X, X, PT performed a functional capacity evaluation. Per the evaluation, X passed the validity criteria giving X a good validity profile, which indicated that X demonstrated maximum effort. X occupational demand as a X. According to the results of the evaluation, X was performing at a Medium PDL at the time which indicated a moderate functional deficit.

Per a Preauthorization Request dated X, X, MD documented that on X, X was working as an X. Left knee MRI demonstrated tearing of the X. Dr. X recommends X. The X was not provided due to carrier dispute accepting only the X was approved. X was provided an X with benefit. The Designated Doctor opined that the extent of injury included X. X underwent X on X. X underwent a course of X. X had chronic left knee pain, functional deficits, and a secondary clinical depressive reaction. Treatment provided included X. X average pain was X, PAIRS X, BDI X, BAI X, and GAF X. X had pain disorder associated with both psychological factors and a general medical condition and major depression, moderate. FCE demonstrated X functional performance at the medium PDL Dr. X had recommended that X undergo a X. X sustained a compensable injury, which had resulted in chronic pain and chronic functional limitations. Treatment with X had been provided. Other lower levels of X. X did not have adequate pain and stress management skills,

an pain and stress management training was needed so that they may be functional while dealing with constant pain on a daily basis. X needed to learn alternative methods of X. X had significant functional deficits and required assistance with regular activities of daily living. Functional activities exacerbated the pain, rendering X incapable of tolerating sustained activity. Significant X was required. X understood that this was the final phase of treatment, and that upon completion of the X, X would undergo evaluation for impairment and return to work. Dr. X concluded that X required the medical services that were only available in a X. Therefore, Dr. X requested authorization of X.

Per a request for reconsideration dated X, Dr. X documented that treatment had been provided, X. X had chronic pain, functional deficits, and a secondary depressive reaction. X had undergone X. X did not have the X. Other treatment options had been exhausted. X was an appropriate candidate for a X. X understood that this was the final phase of X treatment and that upon completion of the X, X would undergo evaluation for impairment and transition back to work. Per Texas Labor Code Section 408.021, Entitlement to Medical Benefits, X was entitled to the proposed treatment as this would promote recovery, enhance X ability to return-to-work, promote Maximum Medical Improvement, and promote case resolution.

On X, X, MD evaluated X and documented that X had not reached maximum medical improvement. Based on examination and review of submitted records, further material recovery or lasting improvement to the injury was still reasonably expected and the anticipated maximum medical improvement date is X.as X had not reached maximum medical improvement, an impairment rating was not appropriate. About return to work, X was capable of sedentary work and needed to avoid prolonged walking, stooping, squatting, and lifting greater than X pounds.

On X, X, FNP evaluated X for a follow-up. X reported ongoing knee pain. On examination, X was wearing a sleeve. Examination of the left knee revealed healed X. There was tenderness to palpation of the left knee joint at medial aspect. Left knee range of motion provoked pain. Left knee strength was X.

An MRI of left knee dated X revealed X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "The principal reason(s) for denying these services or treatment: There is no indication that further surgical or diagnostic options have been ruled out. The clinical basis for denying these services or treatment: The Official Disability Guidelines require that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Peer review on X non-certified the request for X. The provider was recommending a X. The records did not establish that the patient had completed the authorized course of X. The records did not establish that the patient had X. The patient continued to report a pain level of X postoperatively. It was unclear why the provider would recommend a X. The records did not establish that the patient had had a X. The records did not establish that an X had been ruled out. The records did not establish that the surgeon has recommended a X. The functional capacity evaluation report noted that the patient was performing at a medium PDL, but required a heavy PDL. However, X was being followed for a left lower extremity injury. The functional capacity evaluation included upper extremity testing to calculate the PDL. The FCE therefore did not clearly establish a substantial gap between current physical capabilities and occupational demands specifically in regard to

the left knee and leg only. Current X. The records did not establish the X. The records showed that the patient had X. There was no indication that the patient was X. As a result, the records did not establish that previous methods of treating chronic pain had been unsuccessful and there was an absence of other options likely to result in significant clinical improvement. Currently, while it now appears the patient has been treated with X. Further, another X was completed. However, on comparison to the prior X, it remains relevant that again, as pointed out by the prior reviewer, this patient is being followed for a left lower extremity injury. The functional capacity evaluation included upper extremity testing to calculate the PDL. The previous and recent X. Additionally, it is unclear how more X. Given this information, the medical necessity of an X remains unestablished. Therefore, my recommendation is to Non-Certify the request for X.

Per a reconsideration / utilization review adverse determination letter dated X, by X, MD, the appeal request for X, is non-certified. Rationale: “The principal reason(s) for denying these services or treatment: There is no indication that all appropriate X. The clinical basis for denying these services or treatment: The Official Disability Guidelines require that X. Peer review on X non-certified the request for X. While it now appeared the patient had been treated with X. Further, another X had been completed. However, on comparison to the X. The X. As a result, the previous and recent X did not clearly establish a X. Additionally, it was unclear how more X. Currently, the appeal report from Dr. X dated X indicates that the patient requires a X. X says the patient lacks pain and stress management skills, which is impacting daily life and vocational capabilities. Dr. X emphasizes the need for the X. However, guidelines support up to X. The guidelines emphasize that X should be recommended when other methods of X. The submitted documentation only indicates that the patient has X. The medical record still does not establish that the patient has X. Given this information, the medical

necessity of an X. Therefore, my recommendation is to Non-Certify the request for Appeal: X."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on review of the provided records, including provider notes and peer reviews, the claimant is noted to have continued left leg pain issues despite X. However, it is unclear if additional imaging or potential surgical consultation has been completed. Further, the appeal letter notes the importance of behavioral health issues in patient's treatment, but the claimant has only had X. The records do not indicate the claimant has X. Thus, the request for X does not meet cited ODG criteria and is not medically necessary.

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**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **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**
- ☐ **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)**