

Notice of Independent Review Decision

X:

Amended Date: 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 diagnosed with left knee pain, effusion of the left knee, chondromalacia patellae of the left knee, unilateral primary osteoarthritis of the left knee, patellofemoral disorders of the left knee, other tear of lateral meniscus (current injury, left knee, initial encounter), and sprain of unspecified site of left knee (initial encounter). This review is to determine the medical necessity of a X.

Images were taken on X. According to Imaging Results by X dated X, the impressions read:

"X"

X note by X, MD dated X stated that on X the claimant was initially treated for X. The pain gradually got better, but there were times when the pain continued. X caused X to have upset stomachs. X initial MRI did not reveal internal derangement. Then on X, the claimant followed up with the pain being "mostly gone but continues to have episodes of X." X is concerned that the weakness in X left knee would cause X left leg go out. Then by X, the pain resided in the lateral aspect of X knee.

Amongst the imaging findings from X note by X, PA-C dated X, there was X. It is stated in the plan that, "X." At this visit X was prescribed X and to follow up in two weeks.

It stated in Adverse Determination by X dated X the X was denied due to medical unnecessary (unrelated to coverage or payment guarantee). As per ODG guidelines, the criteria for X. This requires knee pain and at least five of the following: bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation rate of less than X mm/hour, less than thirty minutes of morning stiffness, no palpable warmth of synovium, X, rheumatoid factor of less than X titer, synovial fluid signs (clear fluid of normal viscosity and WBC less than X). Also, "There should be failure to adequately control symptoms with recommended X. In this case, there is lack of documentation of objective exam findings."

The document titled Appeal/Reconsideration Determination – Utilization Review Texas Workers' Compensation Coverage by X dated X stated, "**Principal Reasons for the Determination:** The request for X is not recommended as medically necessary. There is no radiographic report submitted for review. The MRI report is not submitted for review. There are no serial physical therapy records submitted for review. The submitted clinical records fail to establish that the claimant presents with symptomatic severe osteoarthritis of the knee as required by guidelines. I recommend non-certification for this request.... **Clinical Basis for Determination:** The claimant is a X whose date of injury is X. X hyperextended X knee while X. Note dated X indicates chief complaint is left knee pain. X was treated for X. Left knee exam notes range of motion is from X degrees. X is X.

There is mild pain with X. There is X. X noted upon range of motion. X are X. There is X. X is X. Assessment notes left knee X."

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

The claimant, a X, has been diagnosed with several conditions affecting the left knee, including pain, effusion, chondromalacia patellae, primary osteoarthritis, patellofemoral disorders, lateral meniscus tear, and unspecified site sprain. Previous treatments such as X.

According to the earliest documented progress note X note by X, PA-C dated X and the latest from X revealed a diagnosis to be 'Pain in left knee'. X-Ray findings of X left knee from X indicate left knee arthritis. The left knee exam stated that the patient had mild tenderness to palpation at the patella tendon and lateral joint line tenderness. Also "Moderate degenerative visualized bilaterally medial > lateral compartment. X consistent with prior X." In X note by X, PA-C dated X, the left knee exam section stated, "palpable crepitus noted upon range of motion." The document also stated that the claimant is scheduled for X first X. X had done X. Other X. Moderate joint effusion is well documented in X Orthopedic visits. The claimant has a X.

As per ODG guidelines, the claimant qualifies for a X. It is the professional opinion of the medical reviewer to overturn the decision to deny the claimant a X is deemed medically necessary.

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
- Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide A Description)