

**True Decisions Inc.**

***Notice of Independent Review Decision***

**True Decisions Inc.**

**An Independent Review Organization**

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***Amendment X***

**IRO REVIEWER REPORT**

**Date:** X; Amendment 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 who sustained an injury on X. At work, X had a mechanical X. The diagnoses included contusion of right knee and strain of right knee.

X was seen by X, MD on X for bilateral knee pain. X stated that X left knee was doing wonderful. X also stated X right knee was doing better but there continued to have some discomfort with extremes of flexion. The discomfort was described as mild in intensity and had been improving since the prior visit. The quality of pain was described as dull and aching. X body mass index was 31.6 kg/m<sup>2</sup>. X gait was X. The right knee examination showed X. Range of motion revealed lack of X. There was no tenderness or weakness. The sensation of lower right extremity was neurologically intact. The plan was for X as X knee continued to appear to be more of a knee strain. Left knee examination showed X.

Per the X note, review of x-rays dated X of left knee revealed X. X-rays of the right knee on X revealed some X noted in X was noted.

Treatment to date included X.

Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "In this case there is no documented evidence of underlying X. Therefore, the request for X is not medically necessary."

Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "In this case, the claimant has bilateral knee pain. On X X left knee was reported as back to normal and right knee with little pain.

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On exam, the claimant's only physical finding is of loss of X degrees of extension. X diagnosis is a right knee sprain. Without evidence of OA, X to right knee is not approved. Therefore, the request for X is not medically necessary.”

Based on the submitted documentation, the requested X is not medically necessary. The patient does not have a diagnosis of X. The examination findings do not support the request as well. No new information has been provided which would overturn the previous denials. 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:**

Based on the submitted documentation, the requested X is not medically necessary. The patient does not have a diagnosis of X. The examination findings do not support the request as well. No new information has been provided which would overturn the previous denials. X is not medically necessary and non-certified.

Non-Certified

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE