

CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X.

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)

Information Provided to the IRO for Review:

X

Patient Clinical History (Summary)

The patient is a X whose date of injury is X. X slipped on some water at the station. X knee buckled under X. X was unable to get up. Within a couple of hours, X went to urgent care. X-rays were reportedly X. X was placed in a minimal brace. The patient underwent X. Note dated X indicates that X has been back to work full duty. Note dated X indicates that right knee pain has gotten worse over the X. X does not have any X. On exams X has a X. There is X. There is X. There is X. The Ligament exam is X. Right knee MRI dated X shows X. No definite evidence of X. Development of a small X. Fluid signal intensity tear. Chronic tendinosis in the X is unchanged. Developing X. No full-thickness X. X unchanged. No aggressive features. Office visit note dated X indicates that MRI results note there is evidence of X. Office visit note dated X indicates that the patient reported right anterior knee pain. X has developed an area of X. The claimant was started on X. On physical examination there was marked X. The range of motion was X. There was X. The Ligament exam was X. The current diagnoses include medial meniscus tears, acute, right and patellar tendinitis, and right knee. X were not identified.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The request for X is not recommended as medically necessary and the previous non-certifications are upheld. The initial request was non-certified noting that, “The Official Disability Guidelines indicate that X is not recommended as a first-line option; evidence shows inconclusive benefit, lack of benefit, or potential harm. The medical records submitted for review indicated that the claimant presented to the office with complaints of anterior right knee pain that was discovered from the recent MRI. There was X. On the physical exam, there was X. Although the claimant might benefit from other forms of X, in this case, this procedure is not recommended by the guideline. Moreover, there was no conclusive evidence of benefits of this treatment especially in regard to the claimant’s knee condition. As such, the medical necessity has not been established for the request for X.” The denial was upheld on appeal noting that, “This request was previously reviewed and denied as there is no documentation for prior conservative treatment received for the right knee. The guidelines also do not recommend knee pain or injury such as X. In this case, the guidelines do not recommend X for Knee pain or injury and there are no exceptional findings noted or rational to clarify medical necessity for treatment outside of the guideline recommendations. As such, the request for X is nonauthorized.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no documentation of any conservative treatment since the patient reported flare-up of pain. There is no physical therapy records submitted for review. There is no documentation of other types of X being performed. There are limited objective findings noted on physical examination. Guidelines note that X are not recommended

for knee pain or injury. There are exceptional factors documented to support the request outside guidelines. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor

Texas Guidelines for Chiropractic Quality Assurance and 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)