

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

**Independent Resolutions Inc.**  
**An Independent Review Organization**  
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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:

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

- Overturned      Disagree
- Partially Overturned    Agree in part/Disagree in part
- Upheld                  Agree

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X injured X right knee while working at X. X was X. The diagnoses were complex regional pain syndrome of lower limb, pain in right knee, and contusion of right knee.

Per a Designated Doctor Evaluation report dated X, completed by X, DC, X was seen for assessment of maximum medical improvement (MMI), impairment rating (IR), extent of injury, disability, and return to work. On X, while at work, X reported X was X. Regarding ongoing complaints, X reported right knee pain X. X stated it was stabbing, dull, achy, and throbbing pain. X stated X had swelling of the knee. X reported numbness around the knee. X was not able to walk, do activities of daily living (ADL), or clean X house due to knee pain. X felt angry and had anxiety and depression due to knee pain and not being able to do activities of daily living due to the pain. On examination, X ambulated in the clinic with a walker. Healed incision and X were noted at the right knee. The tenderness of the right knee was noted at the X. Tenderness was also noted X. McMurray's test provoked right knee joint pain. Lachman's test was negative on the right side, but X had knee pain. X was unable to do heel and

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***Notice of Independent Review Decision***

toe walk. Bilateral lower extremity reflexes were X. There was decreased sensation at the X. The strength in the left lower extremity was X, right hip strength was X, right knee and right ankle strength was X. The assessment was right knee strain and right knee lateral meniscal tear.

On X, X was seen by X, DO, for evaluation of right knee pain. X reported these symptoms were not present before the injury and started after involvement in a work-related injury on X. X injured X right knee while working on X as a X. X fell because of the sticky floor, and X heard X knee pop. X had a right knee post-surgery knee reconstruction. The pain was worsened after doing repetitive work activity and constant, pain aching and sharp. The severity was described as moderate. Aggravation was experienced from activity, bearing weight, and walking. X had used X and X. X did have an allergic reaction to the prep used for the X. X reported having ongoing pain along the anterior / inferior aspect of the right knee. X noted having skin pigmentation changes and temperature changes consistent with complex regional pain syndrome. X had continued with X, X in X knees with only temporary improvement. X continued to have significant stiffness in X right knee. On the day, X also complained of pain in the right hip that radiated along the medial thigh to the knee. X was referred by Dr. X for X. On the day, X rated pain X. Physical examination revealed X was in no acute distress. X was well developed, well nourished, and appeared the stated age.

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

Right knee examination revealed X were noted on visual inspection. Anterior right knee surgery X was noted, and X were noted. Crepitus was X. The stability of the joint was within normal limits, there was X noted. There was X. Range of motion was restricted, with severely restricted flexion and extension. Neurological examination X. Dr. X recommended X. On X, X was seen by Dr. X, for follow-up evaluation of right knee pain. On the day, X reported the symptoms persisted, and the overall pain at the time was X in X right knee. X X had been denied. X wished to appeal the X. Right knee examination revealed scars or edema, or muscle atrophy noted on visual inspection. Anterior right knee surgery scar, edema was noted. Allodynia and hyperesthesia were noted. Crepitus was palpated. Stability of the joint was within normal limits, and there was no subluxation or laxity noted. There was tenderness overlying the patella, of the joint line, bilaterally. Range of motion was restricted with severely restricted flexion and extension. Neurological examination revealed cranial nerves seemed to be grossly intact.

An MRI of the right knee dated X revealed X. Medial collateral ligament was intact. The lateral collateral ligament and biceps femoris tendon were intact. There was X. The remainder of the medial meniscus was unremarkable. Lateral meniscus showed X. There was extensive intrasubstance degeneration and fraying of the anterior horn present. Insertional patellar tendinosis was seen at the level of the tibial tubercle. Edema was noted in the

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***Notice of Independent Review Decision***

superolateral aspect of Hoffa's fat pad, suggestive of fat pad impingement / lateral femoral condylar patellar friction syndrome.

Treatment to date included medications including X.

Per a Peer Review Report dated X by X, MD, the request for X was denied as not medically necessary. Rationale: "In this case, the request for a X is not certified. As noted in ODG's Knee Chapter X are not recommended for diagnostic evaluation or treatment of osteoarthritis of the knee. The attending provider failed to furnish a clear or compelling rationale in favor of the decision to employ the X in question in the face of the unfavorable ODG position on such procedures. Therefore, the request for X is not medically necessary."

Thoroughly reviewed provided notes including imaging findings, provider notes, and peer review.

The patient is having continued knee pain issues despite multiple treatment options. Dr. X now believes the patient has some form of complex regional pain syndrome (CRPS) developed involving the knee. X has noted physical exam findings consistent with this diagnosis. The patient has had X including a X without success. Dr. X wants to try a more X around the knee with X. Given these circumstances, the cited guidelines are not relevant. Request for

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

X are warranted. Though there are no studies involving X. In any case, the provider's request is reasonable given patient's presentation and prior treatments attempted. X is medically necessary and certified

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

Thoroughly reviewed provided notes including imaging findings, provider notes, and peer review.

The patient is having continued knee pain issues despite multiple treatment options. Dr. X now believes the patient has some form of complex regional pain syndrome (CRPS) developed involving the knee. X has noted physical exam findings consistent with this diagnosis. The patient has had X. Dr. X wants to try a X. Given these circumstances, the cited guidelines are not relevant. Request for X are warranted. Though there are no studies involving X for treatment of CRPS, there is a case report about someone developing CRPS after genicular block. In any case, the provider's request is reasonable given patient's presentation and prior treatments attempted. X is medically necessary and certified

Overtaken

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

**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

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE