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***Notice of Independent Review Decision
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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. The mechanism of injury was not provided in the available medical records. The diagnoses were rupture of anterior cruciate ligament and patellar tendonitis, right knee.

On X, X was seen by X, MD, for X. X was noted. Incisions were well healed. The active range of motion was X to X degrees and active range of motion was X to X degrees. Lachman test was X. Light touch was intact. On assessment, X would continue X. On X, X was seen by Dr. X, for follow-up of X ongoing complaint of right knee pain. X had X. X was doing quite well with X. X developed X; otherwise, X was

doing well with activities of daily living. On examination, weight was 190 pounds, and body mass index (BMI) was 30.7 kg/m². The right knee examination revealed X. X was noted. Incisions were well healed. The active range of motion was X to X degrees and active range of motion was X to X degrees. Lachman test was 3 mm with firm endpoint. Light touch was intact. On assessment, X was doing well status post right ACL reconstruction. X developed a little bit of patella tendinitis and anterior related knee pain. A physical therapy referral was placed for X. X was prescribed. On X, X was evaluated by X, PT, for a X. X was X. X reported some increased pain in the anterior knee for about X weeks. It was getting progressively worse likely because X just pushed through and continued to work on stair climbing. X was diagnosed with patellar tendinosis and was given a X. The right knee examination revealed active range of motion in flexion was X degrees and extension was X degrees and passive range of motion in flexion was X degrees and extension was X degrees. The strength in the iliopsoas was X, hamstring was X, and X. There was localized tenderness over patellar tendon, no obvious swelling present. Stairs and squatting were noted to be painful at the anterior knee/PT. It was noted that at the time, X had completed X initially planned X. X was doing very well overall with WFL (within functional limits) range of motion (ROM) and improving strength. X was walking without antalgia. X did

recently have a flare up diagnosed as patellar tendonitis so X would be taking a X week break from X and was on a X. At that point, no new goals met, but X has achieved X goals thus far. X was still awaiting approval from X previously recommended X visits so they would be scheduled once approved.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, and a peer review report dated X by X, DO, the request for X was denied. Rationale: "There was documentation of the claimant being sore in the thigh muscle since the last session and using a neoprene brace. There was no physical exam findings listed. There was no documentation of the progress made in this X note. There was no documentation detailing the claimant's subjective findings, current objective physical exam findings, current post-op condition, current work status, and current treatment plan or why X is being requested. Also, X. There was no documentation detailing whether the X. Given these circumstances and the guidelines, there is no support for the request. Therefore, the request for X is not medically necessary."

Per a reconsideration review adverse determination letter dated X, and a peer review report dated X by X, MD, the

request for X was denied as not medically necessary. Rationale: "Per ODG, "X" In this case, claimant has pain, tenderness, pain with stairs and squatting down, flexion at X degrees and strength at X at the iliopsoas, X at the hamstrings and unable to rest the quadriceps but least fair +. X has had X. Quantity exceeds guidelines. Therefore, the request for X is not medically necessary.

The X is not medically necessary. According to the medical records, the patient was authorized for X. The X would exceed the recommended guidelines. No documentation has been provided to demonstrate extenuating circumstances which would supersede the recommended guidelines. In addition, no additional 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:**

The X is not medically necessary. According to the medical records, the patient was authorized for X. The X would exceed the recommended guidelines. No documentation has been provided to demonstrate extenuating circumstances which would supersede the recommended guidelines. In addition, no additional information has been

provided which would overturn the previous denials. X is not medically necessary and non-certified

Upheld

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