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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 sustained an injury on X. While X. The diagnoses included closed left patella dislocation and instability of the left knee.

X was seen by X, MD on X. X presented with intermittent left knee pain and giving way. The pain was aggravated by kneeling and squatting. It was alleviated by rest and activity modification. Other complaints included X. On physical examination of the left knee, there were less than X. Range of motion was X to X degrees. Ligamentous examination showed X. The X were palpable. Sensation was intact to light touch. X reported outcome scores included a Lysholm score of X and a Single Assessment Numeric Evaluation (SANE) score of X. The provider noted that X initially had a X.

Per physical therapy progress note on X by X, PT, X reported that X no longer had break through disabling left knee pain. X activities were limited by knee feeling "loose." The pain increased with kneeling, squatting, running, and stair climbing. Pain decreased with rest. There was no buckling of left lower extremity. X had no limitations on walking more than X yards (On X, moderate limitations). X noted alternating climbing produced pain (On X, unable to perform). X had no pain with alternating steps. X was unable to run. X was ambulating independently. X height was 5 feet 6 inches and weight was 245 pounds. X gait was unremarkable. Left knee active range of motion revealed flexion X degrees (improved from X degrees on X) and extension was X hyper degrees (unchanged since X). Knee strength in flexion was X and extension was X (improved from X and X respectively on X). Bounce home test was X. There was moderate X. X exhibited pain at patellar tendon insertion. There was X. X was noted in left lower extremity. X was continued. X would like to think a bit more about proceeding with a X.

An MRI of the left knee dated X revealed X.

Treatment to date included X.

Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "The request is not supported based on the submitted documentation. The cited guidelines state that X, is conditionally recommended. It is considered for X. It is also recommended for X. Essentially, this X. In this case, while the claimant experienced a X, the necessity for the requested X has not been clinically established. This is due to the current absence of critical indications outlined in the provided X. The claimant's physical examination showed X. Furthermore, X. The provided guidelines for X. The current clinical presentation and documented progress with

non-operative management do not support the necessity for this X at this time. Thus, the request is not compliant with the guidelines' recommendations and is not medically necessary at this time. Additionally, there were no sufficient extenuating circumstances or compelling reasons documented that would warrant deviation from the guideline recommendation. Therefore, the prospective request for X is non-certified." Regarding X: Rationale: "The request is not supported based on the submitted documentation. The cited guidelines state that a X. It is an option for X. A X is needed if deformity, disproportionate limb size, minimal muscle mass, or tall stature prevents using a prefabricated brace; otherwise, a prefabricated one suffices for these conditions. In this case, while the claimant reported a history of X. The knee had a full range of motion (X degrees), and ligament tests were X. The objective clinical findings do not support the necessity for a X. Crucially, the main X for which this post-operative orthosis is prescribed has been unauthorized in this same review. Thus, the request is not compliant with the guidelines' recommendations and is not medically necessary at this time. Additionally, there were no sufficient extenuating circumstances or compelling reasons documented that would warrant deviation from guideline recommendation. Therefore, the prospective request for X is non-certified."

X. X, MD on X, the request for X was non-certified. Rationale: "Upon review of the submitted records, the prior non-certification in review X on X, which was based on the lack of significant objective findings and demonstrated progress from conservative treatment, remains appropriate. The claimant experienced intermittent left knee pain and instability following a lateral patellar dislocation, with MRI findings confirming a X. X, which led to some improvement, though symptoms persisted. On examination, there was X. Client-reported outcome scores were low (Lysholm X, SANE X), but objective findings did not demonstrate progressive instability or failure of conservative care warranting surgical intervention. On X at X, P.A., stated that the claimant did have X. However, they remains with patellar laxity, swelling and pain. While the claimant expressed interest in X, the referenced literature indicates X. Given the absence of strong supporting evidence and the lack of compelling clinical necessity, the request is not medically necessary at this time. Therefore, the appeal for X is non-certified." Regarding X, Rationale: "The request is not supported based on the information provided. The claimant sustained a X. X was requested for X. However, this procedure was not deemed medically necessary in the prior review due to insufficient objective findings and limited supporting evidence for X. A prior non-certification of the request for X was noted in review X on X. As the X itself was

not certified, the associated request for X also cannot be authorized. Thus, the appeal for X is noncertified.”

In review of the clinical findings, the last physical exam detailed range of motion X to X degrees at the left knee. Ligamentous examination showed X. These findings would not support X. As the surgical request is not indicated, there would be no requirement for a X. Therefore, it is this reviewer’s opinion that medical necessity is not established and the previous denials for service or services in dispute: X: X are upheld. X. and 2. 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:**

In review of the clinical findings, the last physical exam detailed range of motion X to X degrees at the left knee. Ligamentous examination showed X. These findings would not support proceeding with X. As the X request is not indicated, there would be no requirement for a X. Therefore, it is this reviewer’s opinion that medical necessity is not established and the previous denials for service or services in dispute: X: X are upheld. 1. X. and 2. 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