

Notice of Independent Review Decision

X:

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or 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:

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

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

Information provided to the IRO for review

X

Patient clinical history

This claimant is a X diagnosed with other meniscus derangements (posterior horn of medial meniscus, left knee); other spontaneous disruption of anterior cruciate ligament of left knee; and other spontaneous disruption of lateral collateral ligament of left knee. This review is to determine the medical necessity of X.

Medical Record Peer Review from UR Partner dated X states "There is documentation that the patient was working as an X on X when the patient X was on X way to X. Regarding the diagnoses of left knee sprain/strain and contusion, there is documentation of mechanism of injury that could result in these diagnoses/conditions. However, although it appears that the patient had an X performed on X (per the X), there is no documentation of additional medical record(s), dated at or just following the X date

of injury, identifying that the patient developed X consistent with these diagnoses at or just following the X date of injury. The documentation does not support the fact that the patient sustained an injury to the left knee at this time given the lack of sufficient documentation at or just following the X date of injury. As such, the documentation does not support the extent of the injury includes the diagnoses of left knee sprain/strain and contusion at this time."

Notice of Disputed Issues from X dated X states "We don't agree because: We dispute extent of injury because based on the peer review addendum performed on X, per X, MD, the compensable injury does not extend to include: X. This is pre-existing, degenerative conditions which were not caused, or aggravated by the incident of X; these are ordinary diseases of life that did not arise out of or occur in the course and scope of employment. Worker's Compensation Benefits will be continued as related to the compensable injury."

Progress Notes from X dated X states "X reported attempting X. X remains on restricted duty per MD, with follow-up scheduled within the X. While X scores have improved, X. Due to work demands requiring X."

Appeal Denial Determination from X dated X states "ODG [Official disability guidelines] recommends X. Continuation of the X may be indicated when functional progress has been made during initial X or the plan of care has been X, maximum improvement has not yet been attained, the claimant is actively participating in X. In this case, the claimant is X. The claimant has already completed and exceeded the recommended course of X per guideline and there is no evidence of extenuating circumstances to overturn the guidelines' recommendation. The claimant is also expected to be well-versed in a X. Therefore, this request is not medically necessary."

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

This claimant is a X diagnosed with other meniscus derangements (posterior horn of medial meniscus, left knee); other spontaneous disruption of anterior cruciate ligament of left knee; and other spontaneous disruption of lateral collateral ligament of left knee. This review is to determine the medical necessity of X.

Upon review of the medical records provided, appeal documentation, and plan guidelines, the appeal for X is denied. This means that the claimant will not receive coverage for the requested X.

The most recent denial dated X from X appropriately upholds the adverse determination for the requested X. The rationale provided in the case summary notes that the claimant has already completed X. Furthermore, the records indicate no significant pain during activities, active range of motion within functional limits (0 to X degrees), and no evidence of extenuating circumstances such as an interval injury, objective exacerbation, or functional regression that would warrant deviation from established guidelines. The denial emphasizes that the claimant is expected to be proficient in a X.

According to the Official Disability Guidelines (ODG) for X. In this claimant's case, the medical literature supports transitioning to an X at this stage, as continued X. X in the absence of such factors can lead to dependency on external guidance, whereas self-managed exercises promote long-term neuromuscular control and adherence, aligning with evidence-based outcomes focused on cost-effectiveness and patient autonomy.

The claimant's current condition, characterized by minimal pain (X at rest and no significant activity-related discomfort), symmetrical weight distribution with only mild residual asymmetries in quadriceps and hamstring strength, and the ability to perform daily activities without buckling or popping, further indicates that X is not medically necessary per established medical standards. At approximately X months X, the claimant has achieved functional range of motion and kinematic awareness sufficient for restricted duties as an X, with no objective signs of reinjury risk that cannot be mitigated through a X. Literature emphasizes that patients at this recovery phase benefit more from independent maintenance strategies to prevent overuse of resources, as further sessions would not address exceptional needs and could delay full self-reliance.

As such, the denial for the X is upheld due to a lack of medical necessity. This means that the claimant will not receive coverage for the requested X.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and Quality Guidelines
- DWC- Division of Workers Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- InterQual 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 & Treatment Guidelines