

**IRO**

**Reviewer**

**Report X**

**Amended Decision Date: X**

**IRO Case  
number:  
TX 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.

X

### Information provided to the IRO for review

X

### Patient clinical history

X, date of birth X, is a X diagnosed with left knee primary osteoarthritis and seeking coverage for X. The member was X. The member was X. The member had X. The left knee MRI report dated X noted a X. There was X. There was X. At the X evaluation, the claimant had no change in left knee complaints. The physical exam noted an X. There was X.

The requested X, was denied by utilization review as X.

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

The member is a X diagnosed with left knee primary osteoarthritis and seeking coverage for X.

Per the current evidence-based guideline recommendations, the use of X. The clinical findings were consistent with left knee osteoarthritis based on imaging studies. The most recent physical exam did note X. However, the records have X. Therefore, it is this reviewer's opinion that the medical necessity for the X is not established, and the prior denials are upheld.

## **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
- Presley Reed, The Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide A Description)

Sharma, Leena. "Osteoarthritis of the knee." *New England Journal of Medicine* 384.1 (2021): 51-59.

■ Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide A Description)

Osteoarthritis in Over 16s: Diagnosis and Management. NICE Guideline NG226 [Internet] National Institute for Health and Care Excellence. 2022 Oct 19 Accessed at: <https://www.nice.org.uk/guidance>.