

P-IRO Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 779-3287
Fax: (888) 350-0169
Email: @p-iro.com

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:

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

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

Date of Notice: X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was X. The diagnoses were ankylosis of left knee and status post left knee arthroscopic loose body removal and lysis of adhesions.

On X, X was evaluated by X, MD, for follow-up of arthrofibrosis of left knee. X presented for follow-up for X. X had been doing relatively well, but had hit somewhat of a plateau with X bending after surgery. X was pretty much stopped at X degrees. With over-pressure, X could get some more, but X had started to plateau with X. Physical examination revealed X had a range of motion of X (X) degrees to X degrees. X had a well-healed incision. X was distally neurovascularly intact. It was assessed that X was status post left knee arthroscopic loose body removal and lysis of adhesions on X, now having plateaued with the improvement from the knee flexion. X was continuing to have difficulty with range of motion. Therefore, X was recommended.

Review of a CT scan of the left knee from X, demonstrated an X. The X. There was adequate alignment. X was noted in X. X were present. A X.

Treatment to date included X.

Per a Peer Review Report dated X by X., MD, the request for X was

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

Date of Notice: X

denied. Rationale for denial of X: “In this case, there are ongoing complaints of left knee pain based on the exam notes of X. The patient is X. Physical examination of the left knee demonstrates range of motion measuring X degrees of flexion. The computed tomography (CT) of the left knee on X. The X. X is noted in X. X are present. X. However, in this case, guidelines are not met. ODG guidelines do not support arthroscopic lysis of adhesions in this clinical scenario as there is no loss of extension of the knee and the patient has greater than X degrees of flexion. Guideline criteria have not been met. Therefore, the request is not medically necessary. As such, the requested X is non-certified.”

Rationale for denial of X: “The patient presented with ongoing complaints of left knee pain based on the exam notes of X. The patient is X. Physical examination of the left knee demonstrates range of motion measuring X degrees of flexion. The Computed Tomography (CT) of the left knee on X. The X. X is noted in X. X are present. X. However, in this case, guidelines are not met. Per ODG guidelines X: failure to improve after X weeks of X. The patient displays a range of motion from X degrees of flexion. As there is X is not supported. Guideline criteria have not been met. Therefore, the request is not medically necessary. As such, the requested X is non-certified.”

Per a Peer Review Report dated X by X, MD, the request for X was denied. Rationale for denial of X: “The requested surgical procedure is not medically necessary. The patient already underwent X. The guidelines do not support X. Thus, the guidelines have not been met. As such, the requested X is non-certified.” Rationale for denial of X: “The requested surgical procedure is not medically necessary. The patient already X. The guidelines do not support a X. Thus, the guidelines have

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

Date of Notice: X

not been met. As such, the requested X is non-certified.”

In review of the clinical findings, the claimant is status X. Typically, the current evidence based guidelines would not recommend X. The current physical exam still notes a block with left knee flexion to X degrees. The records did not include an updated imaging report for the left knee ruling out any possible contributing pathology to the claimant’s range of motion issues. Failure of X has not been demonstrated. Therefore, it is this reviewer’s opinion that medical necessity for the services in question, X, is not established and the previous denials remain upheld. . 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 claimant is status post X. Typically, the current evidence based guidelines would not recommend X. The current physical exam still notes a block with left knee flexion to X degrees. The records did not include an updated imaging report for the left knee ruling out any possible contributing pathology to the claimant’s range of motion issues. Failure of X has not been demonstrated. Therefore, it is this reviewer’s opinion that medical necessity for the services in question, X, is not established and the previous denials remain upheld. . X is not medically necessary and non-certified

Upheld

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

Date of Notice: X

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