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An Independent Review Organization
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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X when X had a X. X was unsure how it happened. The diagnosis was left knee pain, muscle weakness, abnormality of gait, decreased endurance, balance deficits, and history of falls.

On X, X was evaluated by X, PT for a physical therapy outpatient evaluation. X presented to X on X. X stated X had a fall on X when X. X stated X was unsure how it happened. X did not recall X humerus hurting as bad as X leg. X found out in the X. X had an X. X was transferred to X on X (discharged on X), X was X. From X to X, X had X. X stated that X never received X. X attended outpatient on X, but had to wait until X to begin because of Workers' Compensation. X stated X had done X "off and on" due to Workers' Compensation issues. X stated X saw the doctor each month and X was discharged from X on X. X had maximum medical improvement (MMI) on X with Dr. X, which X told X that X left side was not significantly weak, but it was weaker than X right. X referred X back to X. X stopped X on X due to not having authorization to continue. X had been working since X from X. X reported ongoing functional limitations of difficulty with stairs, required single-point cane for walking, difficulty with sit-to-stands from chair and getting in / out of tub, difficulty standing more than X minutes, difficulty with backwards walking and opening doors, and car transfers. X reported left knee pain at X, at best: X lying down, at worst: X (X reported that X sat for pain relief when it got elevated to X). On examination, X was observed seated in the outpatient lobby, ambulating with single-point cane (SPC). X walked X feet with the use of SPC or stand-by assist (SBA). Gait revealed X. X reported increased difficulty with stair ambulation - reported that X performed steps with assistive device (AD) at home as X stated hand rails (HRs) were recently removed, but reported increased fear of falling. Bed mobility was supine-to-sit, moderate X. Range of motion examination of the lower extremity revealed active range of motion (AROM) of X on right knee flexion and X on left knee flexion; passive range of motion (PROM) lacking X degrees from full extension on right knee

flexion and lacking X degrees from full extension on left knee flexion. Strength testing revealed hip flexion X- strength on the left and right, full range of motion against gravity and able to withstand less than moderate resistance. Hip abduction was X with full range of motion against gravity and able to withstand almost full resistance on the left and right. Hip adduction was X with full range of motion against gravity and able to withstand maximum resistance on the left and right. Knee flexion was X with full range of motion against gravity and able to withstand maximum resistance on the left and right. Knee extension was X with full range of motion against gravity and able to withstand maximum resistance on the right. Knee extension was X with complaints of pain in left knee, full range of motion against gravity and able to withstand minimal resistance on the left. Ankle dorsiflexion was X with full range of motion against gravity and able to withstand almost full resistance on the left and the right. Ankle plantarflexion was X with full range of motion against gravity and able to withstand maximum resistance on the left and the right. Increased fatigue was noted with minimum shortness of breath following X-minute walk test. X reported tingling numbness on the left lateral thigh and left knee. Balance testing showed static stand feet apart "EO" X seconds, "EC" X seconds, "EC" with head tilted in extension X seconds with mild sway. There was moderate tenderness to palpation on the anterior aspect of the left knee. On the X-minute walk test, distance ambulated was X with SPC and SBA; left knee pain at X. The X sit to stand test was performed in X seconds from "sc" with upper extremity assist. On the X-second chair stand test, X came to a full standing position in X seconds X times, performed from "sc" with upper extremity assist. The timed up and go (TUG) test, revealed results of X seconds, and results with manual task of X seconds with use of SPC, SBA; TUG manual performed while carrying a full cup of water. Left knee pain was noted at X. It was assessed that X condition had potential to improve, motivation and support structure was good. X needed a skilled therapy plan to reduce need for assist with functional activity / activities of daily living / mobility, to function in community. X was recommended X through X with interventions including cold pack, E-Stim attended and unattended, gait training, group therapy, hot pack, manual therapy, neuromuscular re-education, therapeutic activity, and therapeutic exercise.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD as not medically necessary. Rationale: "Regarding X. When treatment duration and/or number of visits exceeds the guideline recommendation, exceptional factors should be noted. In this case, the claimant has attended X. Review of the record notes that the claimant has a full range of motion and normal strength. At this point in care, it is expected that the claimant will be released to an X. As such, the requested treatment is not medically necessary. Recommendation is to deny the request. Regarding X. When treatment duration and/or number of visits exceeds the guideline recommendation, exceptional factors should be noted. In this case, the claimant underwent X on X. It is noted that the claimant has X. The claimant has far exceeded the maximum number of visits recommended by guidelines. There is no evidence of a sustained reduction in pain or significant measurable functional gains from prior therapy visits. Without evidence of benefit from prior visits, there is no indication of how additional skilled care will provide a different outcome. As such, the requested treatment is not medically necessary as there is no evidence of extenuating circumstances to support the need for X. Recommendation is to deny the request."

Per a reconsideration review adverse determination letter dated X, the request for standard appeal for X was denied by X, MD, as not medically necessary. Rationale: "The Standard appeal for X is not recommended as medically necessary. The claimant X. The claimant reportedly sustained a X. The total number of therapy visits authorized/completed to date is unclear; however, there is documentation of at least X. Bilateral shoulder range of motion is X. The patient has completed X. The Standard appeal for X is not recommended as medically necessary. The claimant X. The claimant underwent X on X. The claimant has reportedly X. The request for X. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. There is a lack of documentation of ongoing significant and sustained improvement. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. The initial requests were non-certified noting that the claimant had attended X. The claimant is expected to be released to a X. The claimant has attended X. The claimant has far exceeded the number of visits recommended by

guidelines. There is no evidence of X. PT note dated X indicates that the claimant has been working from X. The claimant reports difficulty with stairs. Left knee pain is X. Left knee flexion is X degrees. Strength is X with knee flexion and X extension.”

Based on the submitted documentation, the requested X is not medically necessary. The submitted records indicate that the patient was going to be released to X. The patient had achieved the goals of the X. In regards to X. Thus far exceeds the recommended guidelines. There is no indication that the patient has improved with the number of X. No new 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:

Based on the submitted documentation, the requested X is not medically necessary. The submitted records indicate that the patient was going to be released to X. The patient had achieved the goals of the X. In regards to X. Thus far exceeds the recommended guidelines. There is no indication that the patient has improved with the number of X. No new 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