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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 at work on X. X was X. X had to X. The diagnosis was tear of meniscus of right knee and posttraumatic osteoarthritis.

On X, X underwent a Designated Doctor Evaluation (DDE) by X, DC. The compensable injuries included X. The purpose of evaluation was to determine maximum medical improvement, impairment rating, and extent of injury. On examination, X was noted around the right knee down into the right ankle / foot. Stance, X. Standing posture was X. Range of motion of the right knee revealed X. Strength testing revealed X. visual inspection revealed X. Varus and Valgus stress tests were performed over the right and left knee demonstrating intact medial and lateral collateral ligamentous structures. Apley's compression was X. McMurray's tested positive over the X. Apley's compression was X. Anterior and posterior drawer signs were performed bilaterally, revealing X. The patient expressed experiencing myalgia with the aforementioned examinations. In evaluating muscle atrophy, the

corresponding part of the non-involved limb should be used for comparison, assuming the non-involved limb is normal. Due to swelling and edema throughout the right lower extremity the measurement obtained at the time of the examination invalidated the measurements and were not included. Palpation of the right knee induced moderate levels of pain throughout the medial and lateral aspects. Dr. X opined as follows: “The injured employee has not reached clinical Maximum Medical Improvement (MMI). At this time, based on reasonable medical probability, further material recovery from or lasting improvement to the compensable injury/injuries can still be reasonably anticipated. On X, the patient injured their right knee. X hurt X right knee when X. X right leg slipped because the ground was wet. X had to X.” “In all reasonable medical probability, additional treatment for the injured employee would result in increased functional ability, increased ROM, increased strength, decreased pain, increased Performance Demand Level (PDL), allow the injured employee to better perform activities of daily living, and hopefully return to work without restrictions. At the time of this examination X were noted, X orthopedic test for X. X as recommended by X orthopedic specialist as well as X.” “At the point of this examination the injured claimant has met the criteria for; X seen on magnetic resonance imaging (MRI), Patient with symptoms consistent with X. X has also met the following

criteria, Knee pain unresponsive to X or more of the following: Activity X. Worsening symptoms despite treatment with X. Taking into account the medical records, diagnostics, my clinical findings, the mechanism of injury, and the ODGs, the injured employee has not reached MMI. Based on reasonable medical probability, further material recovery from or lasting improvement to the compensable injury/injuries can still be reasonably anticipated. The injured employee reached has not reached clinical MMI. The anticipated date of MMI is X." "Since the injured employee has not reached Maximum Medical Improvement (MMI), an impairment rating will not be assigned at this time." "The complaints from the initial date of treatment are consistent with the X. Findings from the MRI taken on X are X. My examination findings from today's evaluation are consistent with a diagnosis of Unilateral Primary Osteoarthritis, Right Knee but as the MRI is X." "For the above referenced reasons, the relevant clinical and exam findings, the relevant medical history, the symptom timeline, and the mechanism of injury as described above, it is my medical opinion, based upon my education, training, and experience, and within reasonable medical probability that injury of X was NOT a substantial factor in bringing about the following injury/injuries and without it, the injury/injuries in question would still have occurred. Specifically, the compensable .. injury does NOT

extend to the following: The extent of injury does NOT include: 1. X." On X, X presented to X, PA-C, for preoperative evaluation for X. Right knee examination revealed X. X assessed that X presents to office that day for pre-operative evaluation after being indicated by Dr. X for a X. At the time of X Workers' Compensation injury X had an MRI for this which also revealed an X. This had now gone on to break down even further, contributing further to a X. X was ready to move forward with the operation. Complete labs, EKG and chest x-ray were ordered for X.

An MRI of the right knee dated X, revealed X. There was X. X was noted. There was X. No updated imaging was available for review.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "ODG by MCG Last review/update date: X, X. A peer review did occur. The requested X is not medically necessary. The provider confirmed that the patient has a BMI of 52.9. The guidelines do not support the requested procedure with a BMI this high. Furthermore, no actual physical therapy records have been submitted for review to demonstrate that the patient has attempted an appropriate course of

conservative treatment. No new information was provided that would warrant the requested procedure. As such, the requested X is nonauthorized."

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD as not medically necessary. Rationale: "ODG by MCG Last review/update date: X, X; may be first-line or second-line option. In this case, the patient presented with pain, antalgic gait, tenderness, positive McMurray test, and decreased range of motion. The patient has been treated with X. Magnetic Resonance Imaging showed X. The patient has X. Surgery is indicated. However, the X is not indicated. Due to Texas law and the inability to get an agreement with a physician, this case is non-certified. Therefore, the requested X is non-authorized."

In this case, the claimant presents with continuing pain at the right knee despite X. The claimant's imaging did note evidence of X. The physical exams did note X. However, the claimant's current BMI is very high at 52.9 which is a contraindication to support proceeding with the proposed X. Therefore, the proposed X is not medically necessary and the previous denials are upheld. X are not medically necessary and non-certified

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

In this case, the claimant presents with continuing pain at the X. The claimant's imaging did note evidence of X. The physical exams did note X. However, the claimant's current BMI is very high at 52.9 which is a contraindication to support proceeding with the proposed X. Therefore, the proposed X is not medically necessary and the previous denials are upheld. are 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