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Notice of Independent Review Decision
Amendment X

IRO REVIEWER REPORT

Date: X; Amendment 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. X reported that while performing X job duties X was standing. When X turned, X tripped on a X. X fell to the floor while turning, landing on X left knee with a violent force causing immediate pain to X left leg. The diagnoses were non-displacement fracture of medial condyle of left femur, unspecified fracture of upper end of left tibia, contusion of left knee sprain of anterior cruciate ligament (ACL) of left knee and internal derangement of left knee and subluxation of the left knee.

On X, X was seen by X, MD, for evaluation of X left knee pain. Since the injury, X had been X. X continued to experience persistent pain a month after the injury and an MRI was ordered for further evaluation. X was referred by X after reviewing X MRI results and realizing that X needed orthopedic consultation. Since then, X symptoms had not improved and X was interested in X. As for X work status, X remained working with restrictions, essentially in a sedentary position. Left knee examination revealed X. X was noted. X was noted. X was noted. There was X present. X was noted. Hyper flexion pinch test, flexion circumduction, and McMurray's tests were deferred due to pain / guarding.

Patellofemoral joint examination revealed X. X was mildly positive. Patella tracked centrally X. X exhibited mild pain over the X. Neurological testing showed strength was X. The sensation was intact throughout the extremity. X were noted. X was noted. X gait was mildly antalgic and was able to WBAT without assistive devices. X-rays of the left knee revealed X. X-rays of the bilateral knees in standing position showed X. X-rays of the pelvis showed X. Treatment plan was X.

On X, X was seen by X, NP, for follow-up of joint pain of the left knee. X also reported muscle pain. On the day, X was very frustrated as X surgery had been denied. X stated that surgeon did not send MRI with request for surgery. X was having pain and it was worse after working in the office. X had to go several blocks on crutches and it caused X pain. X was to the point X was asking for time off on the day as X pain was getting to X. X was going to try to appeal. X would like something to help with X pain. X did not have any other complaints or concerns on the day. Left knee examination showed X. X was noted. X was noted; X. X was noted. X was noted with antalgic gait and limp favoring right lower extremity. X was on crutches. On assessment, X was prescribed. The 2nd opinion was recommended as workers' comp was X; 1st orthopedic stated X needed.

An MRI of left knee dated X showed X. There was X. X was noted. X was seen. There was X seen. X was noted.

Treatment to date included X.

Per the physician advisor determination dated X by X, MD, the request for X was denied.

X: "This request was made secondary to the denied surgical request. As such, medical necessity has not been established. Therefore, the request for X is not certified."

Rationale for crutches: "This request was made secondary to the denied X. As such, medical necessity has not been established. Therefore, the request for X is not certified."

Rationale for X and application: "This request was made secondary to the denied X. As such, medical necessity has not been established. Therefore, the request for X is not certified."

Rationale for open, left medial (MCL) or lateral (LCL) collateral ligament repair; "ODG by MCG, Knee and Leg Chapter, Online Version (Updated X), X was referenced regarding the request for X states, "X." In this case, the patient was seen for complaints of pain in the left knee. The physical examination of the left knee revealed X. Treatment history includes X. However, the patient's x-rays revealed X. Additionally, there was no formal imaging provided. As such, medical necessity has not been established. Therefore, the request for X is not certified."

Rationale for X: "ODG by MCG does not specifically address the request. Per X, "A X. A locally manufactured, cost-effective implant provided consistent and predictable results after excision of the total femur with good functional outcomes. " In this case, the patient was seen for complaints of pain in the left knee. The physical examination of the left knee revealed X. Treatment history includes activity X. However, the patient's x-rays revealed

X. Additionally, there was no formal imaging provided. As such, medical necessity has not been established. Therefore, the request for X is not medically necessary.”

Rationale for X: “ODG by MCG, Knee and Leg Chapter, Online Version (Updated X), X was referenced regarding the request for X state, " ODG Criteria X. In this case, the patient was seen for complaints of pain in the left knee. The physical examination of the left knee revealed X. Treatment history includes X. However, the patient’s x-rays revealed X. Additionally, there was X. As such, medical necessity has not been established. Therefore, the request for X is not certified.”

Rationale for X: “ODG by MCG, Knee and Leg Chapter, Online Version (Updated X), X states, "ODG Criteria ODG X" In this case, the patient was seen for complaints of pain in the left knee. The physical examination of the left knee revealed X. Treatment history includes X. However, the patient’s x-rays revealed X. Additionally, there was no formal imaging provided. As such, medical necessity has not been established. Therefore, the request for X is not certified.” Rationale for X: “ODG by MCG, Knee and Leg Chapter, Online Version (Updated X), X, "ODG Criteria ODG Indications for X". In this case, the patient was seen for complaints of pain in the left knee. The physical examination of the left knee revealed X. Treatment history includes X. However, the patient’s x-rays revealed X. Additionally, there was no formal imaging provided. As such, medical necessity has not been established. Therefore, the request for X is not certified.

Per an undated letter by an unknown provider, regarding appeal

for denial request, stated that "X reported to my office for treatment for injuries related to a fall encountered at work on X. X reported that while performing X job duties X was standing, turned and tripped on a box that was behind X. X fell to the floor, while turning, landing on X left knee with a violent force causing immediate pain to X left leg. X coworkers assisted to get up and to desk. X immediately applied ice. X coworkers assisted X by retrieving X car and lifting X into X vehicle. X reported to the X in X, Texas. X was treated with X. Upon contact with X HR supervisor and workers' compensation assistance, X was advised to report to a medical provider within the workers compensation network and was provided the information for X. During X course of treatment and lack of improvement with increased restrictions X X was referred for an MRI. An MRI was performed by X where the following impressions were indicated: X

X was referred to X, MD, X, for evaluation and treatment for the injuries indicated above due to the increased symptoms of pain, instability of X le~ knee X. X indicated X is unable to perform X normal activities of daily living such as laundry, cooking normal dinners and taking care of X grandchildren and that X is sole provider for them. X is very discouraged that X is unable to work full duty without restrictions. X reports that X has increased symptoms with increased activities such as mobility, riding or driving a car, performing duties that are required for self-care such as showering, standing on right leg for increased amounts of time performing activities such as curling X hair, putting on makeup, washing dishes, and other daily activities necessary. X advised X has recently been experiencing left foot tingling and

numbness in X arch and ankle area due to these injuries. Travel is difficult due to these symptoms. X reports using X. X mobility is a main concern as X was a very active worker and at home doing X daily activities. X has indicated X is not able to take an X. X takes other X. Dr. X recommendations included surgical interventions that include: Request for surgery based on MRI findings, physical examination and lingering increased symptoms related to the injuries sustained in the accident indicated above. The surgery recommendations include:

X. These recommendations were denied as not medically necessary based on medical records. This appeal is being filed as per ODG guidelines that allow that this surgery and post op care recommendations are being made for X to include but not limited to: Decrease symptoms of pain, swelling and limited range of motion Improve X outcome and prompt delivery of health care Decrease risk of reinjury or permanent impairment of X leg; increase X recovery time and decrease time from work; improve X activities of daily living and increase X activities of daily living; help X return to full duty work without restrictions; Improve X mobility and strength in left knee and leg Decrease medication use Increase X sleep by decreasing pain and mobility issues. It is my professional opinion that X will not be able to retain X pre work status without limitations, return to normal activities in X daily living, decrease all intervention for further treatment and should be able to obtain complete recovery without impairment until these surgeries are performed. X delay in recovery has been based on the extent of injuries sustained, documented and treated conservatively to this point without improvement. Surgery

intervention will speed X recovery. X prognosis is excellent with surgery intervention and should not be delayed due to the ODG guidelines indicated. I have requested or enclosed the actual MRI and X-ray films indicated as not available for review. These films should indicate the same as indicated on the reports that were provided for your review to determine medical necessity. It is my professional opinion that X has successfully adhered to all treatment recommendations. X denies any previous accidents, injuries or illnesses that would have attributed to this injury, X was gainfully employed and able to perform all job duties prior to this injury. X indicated that X is very active with X grandchildren, walks long distances regularly, solely maintains. X was able to commute to and from work requiring more than X miles per day without difficulty. X reports that increased swelling, increased pain, and increased discomfort in X le~ leg daily. X symptoms increase with increased activity. The injury to X left knee should be considered as moderate and severe in nature due to X. Your reconsideration and review of these clarifications as well as additional documentation to substantiate the medical necessity of the X.”

Per physician advisor determination dated X by X, MD, the request for X was denied.

Rationale for post X: "ODG by MCG Last review/update date: X: Physical Medicine Conditionally Recommended-CR Recommended as indicated below X: X. X" Given that the decision to non-certify the primary procedures is upheld, the X are also not medically necessary. Therefore, the request for X is upheld”.

Rationale for crutches: “Given that the decision to non-certify the

primary procedures is upheld, the X are also not medically necessary. Therefore, the request for X is upheld.”

Rationale for X; “Given that the decision to non-certify the primary procedures is upheld, the X are also not medically necessary. Therefore, the request for a X is upheld.”

Rationale for X” “Given that the decision to non-certify the primary procedures is upheld, the X are also not medically necessary. Therefore, the request for X is upheld.”

Rationale X: “ODG by MCG Last review/update date: X, X: Surgery Conditionally Recommended-CR Recommend as an option, may be a first-line or second-line option. ODG Criteria X. As such, the request for X is not medically necessary. Therefore, the request for X is upheld.”

Rationale for X: “ODG by MCG Last review/update date: X, X: Diagnostic Testing, Surgery Conditionally Recommended-CR Recommended as an option; maybe a first-line or second-line option. ” “ODG by MCG Last review/update date: X, X: Surgery Conditionally Recommended-CR Recommended as an option; maybe a first-line or second-line option. ODG Criteria X.”

According to the ODG guidelines, X. According to the clinical notes, the patient does not complain of instability, but rather pain, and there is no discussion of conservative management. As such, the request for X is not medically necessary. Therefore, the request for X is upheld.”

Rationale for X: “According to the ODG guidelines, X. Indications and techniques vary based on fracture type and location. In this instance, the claimant has an X. There is no indication that this cannot be treated with non-operative management or that

conservative treatment has been attempted. As such, the requests for X are not medically necessary. Therefore, the request for X is upheld.”

Rationale X: “ODG by MCG Last review/update date: X: Implants, Surgery Conditionally Recommended-CR Recommended as indicated below for X. ODG Criteria ODG Indications for X”.

According to the ODG guidelines, X. Indications and techniques vary based on fracture type and location. In this instance, the patient has an X. There is no indication that this cannot be treated with nonoperative management or that conservative treatment has been attempted. As such, the requests for X are not medically necessary. Therefore, the request for X is upheld.

Based on the submitted documentation, the imaging reports do not support the X. There is X is necessary. Given the patient's age, an X is not indicated. No new information has been provided which would overturn the previous denials. X: 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:

Based on the submitted documentation, the imaging reports do not support the surgical request. There is no significant X is necessary. Given the patient's age, an X is not indicated. No new information has been provided which would overturn the previous denials. X: X 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