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Notice of Independent Review Decision
Amended Report X

DATE NOTICE SENT TO ALL PARTIES: 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:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an industrial injury on X and is seeking authorization for X. Previous treatment has included X.

The utilization review dated X is a note of approval of X. Physical therapy re-evaluation dated X has total visits of X. X states that on X. X reports pain in X back, right ankle, and right knee. X reports location of pain as right heel into bottom of foot and right anterior knee. Aggravating factors include putting weight on it, standing, walking, and bending. Alleviating factors include X. Pain is rated X, at best X, and at worst X (previous measures on X were current X, at best X, and at worst X). X is working full time, light duty. Lower extremity functional scale (LEFS) score is X currently and was X on X. Patient reports pain level of X in X ankle, X in X knee, and X in X back. Orebro Musculoskeletal Questionnaire (OMSQ-12) score is high more than X or X points currently and was low less than X or X points on X. X perceived improvement is X. Roland-Morris Questionnaire (RMDQ) is currently X. The exam of the right foot/ankle reveals current active range of motion of (L/R) dorsiflexion X, plantar flexion X, eversion X, inversion X, and 1st metatarsophalangeal extension X. The previous active range of motion of (L/R) from X was dorsiflexion X, plantar flexion X, eversion X, inversion X, and 1st metatarsophalangeal extension X. The lower extremity MMT is +X on the right gross assessment, right ankle plantar flexion, right ankle eversion, and right ankle inversion; -X in right knee extension and knee flexion; and X in right ankle dorsiflexion. The previous measures from X were X in gross assessment, right knee extension, right ankle plantar flexion, right ankle eversion, and right ankle inversion; X in right ankle dorsiflexion and right knee flexion. X has a normalized gait pattern using an ankle brace. The lumbar active range of motion is extension X, flexion X, rotation X bilaterally, left side bend X, and right-side bend X. currently and on X was extension X, flexion X, rotation X bilaterally, left side bend X,

and right-side bend X. Strength is X in the bilateral gross assessment and extension, right flexion X, and left flexion X. These measurements are the same as the previous measurements on X. The assessment cites X of the goals are met. The treatment plan included additional skilled intervention.

The utilization review dated X non-certified the requested X. The rationale stated there is some question as to what physical pathology that is present that might require ongoing evaluation and treatment. Moreover, the claimant does not appear to be making significant ongoing progress with treatment. Magnetic resonance imaging of the right ankle dated X has impressions of minimal tibiotalar joint effusion. Assigned Designated Doctors Evaluation and Report (Initial-DDE) dated X has the injured worker having sustained an occupational injury to the lower back, right knee, and right ankle when X was struck from behind on X right backside and leg by a co-worker driving a X. X initial symptoms were reported to be lower back, right knee, and right ankle pain. X current complaints including lumbar spine frequent, sharp pain and stiffness. X has frequent right knee soreness and discomfort. X has frequent right ankle aching pain with throbbing and stiffness. X has numbness in X toes. X rates the symptoms at X. X is taking medications including X. X was originally seen on X with x-rays being taken. X received an X. X underwent a series of X from X including therapeutic exercises/procedures and neuro-muscular re-education. These treatments provided good relief of X symptoms. The exam reveals a decreased active lumbar range of motion of flexion X, sacral flexion X, extension X, sacral extension X, left flexion X, and right flexion X. Left straight leg raise is X and right straight leg raise is X. The right knee range of motion is X. This is improved from X when range of motion was X. The right ankle range of motion is dorsiflexion X and plantar flexion X. These are improved form X when they were noted to be dorsiflexion X and plantar flexion X. There

was a decrease in the normal sensation that interferes with X activities of the X. There is tenderness of the bilateral paralumbar muscles and right-sided plantar muscles. There were positive osseous palpation findings on the spinous processes from X. X is noted to be MMI (maximum medical improvement) as of X follow-up office visit at X. On that date it was noted that X had completed X course of X and reported it was helpful. However, X pain complaints have since remained unchanged. X primary area of complaint remained the right ankle, so an MRI was performed, which was X. As X has exhausted ODG criteria for conservative management of X sprain injuries, no additional treatment would be reasonably anticipated. X is given a total combined impairment rating of X whole person.

Progress report dated X has the injured worker with pain in the ankle, knee, and lower back that prevents X from working, vacuuming, or being able to do everyday activities. X requests x-rays of X back stating one was never taken. x was helping X improve and would like to x. X also requests a refill on medication for pain. The exam reveals pain in the right ankle with range of motion. There is pain in the right knee with range of motion. There is pain in the lower back with range of motion. The treatment plan included X. The request for pre-authorization dated X was for X. Letter of medical necessity dated X is for the denial of the X. X has participated in X. On re-evaluation dated X, X was shown to make improvements with standing, walking, and squatting tolerance. X also with improved sit to stand transfer and lumbar spine mobility. Reconsideration for X is made. The utilization review dated X non-certified the requested X. The rational stated the claimant has been afforded a reasonable course of X. There are no current records that provide rationale as to why the claimant would need X. The X appeal determination non-certified the requested X. The claimant has been afforded a reasonable X. The X.

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

In this case, this X sustained an industrial injury on X and is seeking authorization for X. Overall, X presented on X with pain in the ankle, knee, and lower back that prevents X from working, vacuuming, or being able to do everyday activities. X requests x-rays of X back stating one was never taken. X was helping X improve and would like to X. X also requests a refill on medication for pain. The exam reveals pain in the right ankle with range of motion. There is pain in the right knee with range of motion. There is pain in the lower back with range of motion.

However, detailed documentation is not evident regarding sustained functional improvement with the previously attended X. There is limited documentation of clinical issues that do not appear to be able to be addressed by an independent, active, self-directed X. The rationale for other than a prescribed and self-administered protocol is not demonstrated at this time. Moreover, X was documented to have been at MMI on X per the X exam. There is no compelling rationale presented, or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

☐ **AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**

☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

☐ **INTERQUAL CRITERIA**

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☐ **PRESSLEY 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)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**