CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

x

Description of the service or services in dispute:

x

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)

The patient is a X whose date of injury is X. The patient reports X knee popping X. Th X received a X on X. The patient underwent X on X. Office visit note dated X indicates pain is rated X. Pain status is improving. Current medication is X. X is X. On exams the knee range of motion is X degrees. There is X. There is X. There is X. McMurray's, Lachman and patella grind are X. Sensation is X. Assessment notes X. X was recommended to X. There is a note that the patient X. The only X the patient has been given was on X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous non-certifications are upheld. The initial request was non-certified noting that, "ODG states that X is recommended as an option; may be a first-line or second-line option. X are designed to X. In this case, the review of documentation indicates that the claimant underwent X on X and was also approved for X on X and is currently using a X. The provider notes that transition to a X was recommended. There is no indication that there is significant osteoarthritis to support the need for a X. There is also no indication that there is a need to X." The denial was upheld on appeal noting that, "ODG states that X is recommended as an option; may be a first-line or second-line option. X are designed to apply a X. In this case, the provider notes that the claimant is currently using a X. There is no indication that the current X is not working well to warrant a X. Submitted medical records do not discuss the claimant's response to this X. Therefore, this request is not medically necessary." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that X is recommended following X. The submitted clinical records indicate that this patient has been utilizing a X on X. There is no rationale provided to support a X. There is X. There are X. There is X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase

☐ AHRQ-Agency for Healthcare Research and Quality Guidelines

☐ DWC-Division of Workers Compensation Policies and Guidelines

☐ European Guidelines for Management of Chronic Low Back Pain

☐ Internal Criteria

☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards

☐ Mercy Center Consensus Conference Guidelines

☐ Milliman Care Guidelines

☑ ODG-Official Disability Guidelines and Treatment Guidelines

☐ Pressley Reed, the Medical Disability Advisor

☐ Texas Guidelines for Chiropractic Quality Assurance and 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)