

Independent Resolutions Inc.
Notice of Independent Review Decision

Independent Resolutions Inc.
An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (682) 238-4977
Fax: (888) 299-0415
Email: @independentresolutions.com
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

Independent Resolutions Inc.
Notice of Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X.

The available documentation contains only 2 utilization reviews. No office visit notes or imaging were available for review.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Based on records, the claimant sustained an injury due to a trip and fall. They were diagnosed with chondromalacia of the left knee, encountered other specified surgical aftercare, history of arthroscopy of the knee joint, and increased body mass index. The claimant was off work. Prior treatments included X. They underwent X on X. The MRI of the left knee dated X revealed a horizontal oblique tear of the body extending into the posterior horn of the medial meniscus that progressed since the previous exam, grade IV chondromalacia of the central weight-bearing portion of the medial femoral condyle with associated subchondral bone marrow edema, mild nonspecific subcutaneous edema anterior to the patella with mild adjacent bone edema of the patella and trace joint effusion. According to the progress report submitted by X, D.O., dated X, the claimant was seen for a post-operative left knee scope with chondroplasty of the medial femoral condyle and resection of medial patellofemoral synovial plica on X. They ambulated with a walker. They complained of mild swelling. They improved since their previous visit but had some bruises on the incisions. They are using X. They had significant roughening of the cartilage on the inside of the knee, which was smoothed during surgery. Additionally, a band of tissue between the kneecap and the knee itself was released to improve mobility. They were a candidate for X to promote cartilage regrowth in areas where the cartilage was thinned or absent. They were instructed on specific exercises to strengthen the thigh muscles and improve

Independent Resolutions Inc.
Notice of Independent Review Decision

knee function. On examination of the left knee, there was significant roughening of the cartilage on the inside of the knee. Regarding X, the Official Disability Guidelines recommend hyaluronic injection for those with knee osteoarthritis (OA) diagnosis who are at least X, have pain that interferes with functional activities, have no active inflammation or infection, have been prescribed an exercise program, and have failed pharmacotherapy, including topical NSAIDs, oral NSAIDs, or X. In this circumstance, the injured worker is status post left knee chondroplasty and plica resection on X. During arthroscopy, they were noted to have grade 4 chondral changes in the weightbearing medial femoral condyle. They report mild swelling and improvement since a previous visit. They are utilizing a walker and taking analgesics. The provider recommended X. It is unclear based on the documentation if the injured worker has symptomatic osteoarthritis which interferes with function and if they have failed pharmacotherapy. They are noted to be 5 days out from surgical intervention, and it cannot be determined if current symptoms are secondary to osteoarthritis or are standard postoperative symptoms. The worker reports improvement. There is no noted failure of pharmacotherapy. Given the above information, the prospective request for X is non-certified.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X was noncertified by X, M.D. Rationale: “The prior non-certification in review X was due to the fact that it was unclear if they had symptomatic osteoarthritis (OA) which interferes with function and if they had failed pharmacotherapy post left knee chondroplasty and plica resection on X. It could not be determined if their current symptoms were secondary to OA or were standard post-operative symptoms. The provider submitted a letter by X, unknown, on X, which documented that the medical provider, X., requested a X because there was an ongoing condition that requires treatment and should be determined medically necessary to reach maximum medical improvement (MMI). Based on the medical records submitted, the claimant sustained an injury due to a trip and fall. They were diagnosed with a tear of the medial meniscus of the left knee, encounter for other specified surgical aftercare, history of arthroscopy of

Independent Resolutions Inc.
Notice of Independent Review Decision

the knee joint, chondromalacia of the left knee, and increased body mass index. Their current work status was off work. Previous treatments included X. They underwent left knee scope with partial medial meniscectomy on X and left knee scope with chondroplasty of the medial femoral condyle and resection of the medial patellofemoral synovial plica on X. An MRI of the left knee on X showed a horizontal oblique tear of the body extending into the posterior horn of the medial meniscus that progressed since the previous examination, grade IV chondromalacia of the central weight-bearing portion of the medial femoral condyle with associated subchondral bone marrow edema, mild nonspecific subcutaneous edema anterior to the patella with mild adjacent bone edema of the patella and trace joint effusion. According to the progress report submitted by X, D.O., on X, the claimant was seen for their first post-operative visit. They had complaints of mild swelling and some bruises on the incision. It was noted that they had improved since their previous visit. The examination of the left knee revealed significant roughening of the cartilage on the inside of the knee which was smoothed during surgery. The provider recommended X to promote cartilage regrowth in areas where the cartilage was thinned or absent. The claimant had been instructed on specific exercises to strengthen their thigh muscles and improve knee function and was also being considered to participate in physical therapy. The provider is appealing the prior determination at this time. Regarding X, the Official Disability Guidelines (ODG) recommend X for those with knee OA diagnosis who are at least X, has pain that interferes with functional activities, has no active inflammation or infection, has been prescribed with an exercise program, and has failed pharmacotherapy including topical NSAIDs, oral NSAIDs, or acetaminophen. Upon review of the submitted records, it appears that the prior non-certification was appropriate. The cited guideline supports X for those who are diagnosed with knee OA who are at least X with pain that interfered with their functionality despite topical or oral NSAIDs or acetaminophen and has no active inflammation or infection. They should also have a prescription with an exercise program. The claimant had undergone a recent left knee scope with chondroplasty of the medial femoral condyle and resection of the medial patellofemoral synovial plica on X. The significant roughening of their cartilage was smoothed during surgery. Their condition

Independent Resolutions Inc.
Notice of Independent Review Decision

improved but they still had mild swelling. Their MRI done on X demonstrated grade IV chondromalacia of the central weight-bearing portion of the medial femoral condyle with associated subchondral bone marrow edema. The prior denial indicated that it was unclear if they had symptomatic OA and had failed pharmacotherapy post-surgery. Moreover, it could not be determined if their current symptoms were secondary to OA or due to surgery. Considering that they had recently been treated surgically with chondroplasty and resection with no evidence that their current symptoms were suggestive for new OA symptoms, the request is still not reasonable at this time. No compelling evidence has been submitted that would warrant bypassing the guidelines in this case. Therefore, the appeal request for X is non-certified.”

Based on the lack of clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. No clinical records were submitted for review. There is no physical examination submitted for review. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no diagnostic studies submitted for review. Therefore, medical necessity is not established in accordance with current evidence based guidelines. 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 lack of clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. No clinical records were submitted for review. There is no physical examination submitted for review. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no diagnostic studies submitted for review. Therefore, medical necessity is not established in accordance with current evidence based guidelines. X between X and X is not medically necessary and non-certified

Upheld

Independent Resolutions Inc.
Notice of Independent Review Decision

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