

**Pure Resolutions LLC**  
***Notice of Independent Review Decision***  
**Pure Resolutions LLC**  
**An Independent Review Organization**  
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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

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#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X is a X who was injured at work on X. X injury was due to a motor vehicle accident. X stated that X was in a pursuit and driving X vehicle at approximately 40-54 mph when X collided with the other vehicle. The diagnosis was sprain of unspecified site of left knee, subsequent encounter.

On X, X was evaluated by X, NP-C for Workers' Compensation follow-up visit for left knee pain. X reported that it was the result of an injury that occurred on X, which was work related, which had a sudden onset. X stated that X was in a pursuit and driving X vehicle at approximately 40-54 mph when X collided with the other vehicle. At the time, X stated that X was having right shoulder pain, left shoulder pain, left wrist pain, left knee pain, and swelling. X had been taking over the counter medication for pain with no relief. X reported previous anterior cruciate ligament (AC) repair in X left knee in X. On the day, X stated that X forgot about X follow-up and about X physical therapy. X presented to get started in physical therapy because X called X adjuster and knew that X had been approved for X. X reported that X had to wear X knee brace every day and if X did not, X knee felt unstable. X felt that X left thigh was losing muscle mass and X was ready to start therapy. On examination, weight was 220 pounds and body mass index (BMI) was 34.5 kg/m<sup>2</sup>. Left knee examination revealed the range of motion was reduced. There was mild edema, tenderness of medial and lateral joint line, and posterior joint tenderness. There was positive Thessaly test noted. The joint line pain was elicited in 5 degrees of flexion. On assessment, X was referred for X.

On X, X was seen by X, DPT for X initial evaluation of left knee pain, swelling, and weakness. X was previously seen for therapy, but could not follow through with the plan of care due to a busy work schedule. X knee pain began after a three weeks of a motor vehicle accident that occurred during a vehicle pursuit. In X, X underwent X following an injury sustained while jumping over a ditch during a pursuit. At the time, X was the city manager of X, X, and reported that X pain had progressively worsened over the past year. Sitting with X leg bent for extended periods was challenging, and X could not remain on X feet all day due to swelling and discomfort. X iced X knee regularly. X could not squat and found kneeling

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manageable, but navigating stairs was difficult. X experienced constant pain ranging from 2/10 at its lowest to more intense levels, and stiffness developed quickly. X sometimes took X at night for pain relief and used a pillow between X knees to minimize discomfort while sleeping. Walking on uneven terrain was difficult and X felt unsteady on X feet. X wore a hinged brace and would like to regain the ability to run eventually. X lived on a ranch and found these limitations significantly impacting X daily activities. The Lower Extremity Functional Index (LEFS) score was 21.0/80 indicating moderate functional limitation. The range of motion (passive) of right knee showed flexion 122 degrees and extension zero degrees; left knee showed flexion 112 degrees and extension zero degrees. On assessment, X presented with left knee pain, swelling, and weakness that had progressively worsened over the past year, with symptoms exacerbated by prolonged sitting, standing, and navigating uneven terrain. This pain and dysfunction were linked to a history of ACL reconstruction in X and a subsequent motor vehicle accident three weeks prior to symptom onset. Clinical findings included limited knee flexion, impaired left quadriceps strength, and reduced single-limb stability on the left, compounded by visible swelling at the left knee. Those factors contributed to challenges in weight-bearing activities, stair navigation, and overall functional mobility. X consistent reports of pain, instability, and difficulty with daily activities suggested deficits in knee strength, stability, and endurance, which impacted X ability to engage in physical activities essential for X role and lifestyle. X was recommended for X.

An MRI of the left knee on X revealed evidence for maybe early impingement failure of anterior cruciate ligament (ACL) graft. The knee was otherwise intact with only minimal chondromalacia, other ligaments and menisci were intact.

Treatment to date included X.

Per the utilization review adverse determination letter dated X by X, MD for, the request for was denied. Rationale: "Regarding the request for X, the Official Disability Guideline recommends X for treatment of ACL tear. The treatment can be continued if functional progress has been made during initial therapy, and they were adherent to the plan of care. Proceeding with the request for X is not

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indicated. The claimant has persistent pain, weakness, and swelling in the left knee, and demonstrated limited range of motion and functional ability on the left knee. They had a history of ACL reconstruction in X and records showed that they were authorized for X in review X on X. The guideline supports X for treatment of ACL tear and the treatment can be continued if functional progress has been made during initial therapy and they were adherent to the plan of care. The report did not indicate the number of completed PT sessions and there was no evidence of pain relief or functional improvement from the prior sessions. Also, the report indicated that was not compliant with the plan of care from the prior therapy. Therefore, the concurrent request for X is non-certified.”

Per the utilization review dated X by X, MD, the request for X was denied.

Rationale: “Regarding the request for physical therapy, the Official Disability Guideline conditionally recommends X for treatment of sprains with ACL tear. The treatment can be continued if functional progress was made during initial therapy, and they were adherent to the plan of care. Upon review of the submitted records, the prior non-certification was appropriate. A prior review was non-certified because it did not indicate the number of completed physical therapy (PT) sessions, and there was no evidence of pain relief or functional improvement from the prior sessions. Furthermore, the report indicated non-compliance with the plan of care during the previous therapy. According to the cited guidelines, X are recommended, with continued therapy indicated only if functional progress has been made during initial therapy and the claimant has adhered to the plan of care. The claimant reported persistent pain, weakness, and swelling in the left knee, as well as limited range of motion and functional ability. They have a history of ACL reconstruction in X, and a prior affiliated review certified X provided some improvement on their knee pain. While the requested therapy may provide some benefit, it is not medically necessary at this time, as there is no indicated number of completed PT sessions and no evidence of pain relief or objective functional improvement from the prior sessions. Additionally, the report indicated that the claimant was not compliant with the care plan during the previous therapy. Given the above information, the concurrent appeal requests for X is non-certified.”

Thoroughly reviewed provided records including provider notes and peer reviews.

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Patient with continued knee pain with noted objective deficits including strength and range of motion. At present, physical therapy is the recommended treatment and the requested amount is reasonable. While therapy may be beyond guideline recommendations, further therapy is still indicated given complicated recovery. X is medically necessary and certified

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

Thoroughly reviewed provided records including provider notes and peer reviews.

Patient with continued knee pain with noted objective deficits including strength and range of motion. At present, physical therapy is the recommended treatment and the requested amount is reasonable. While therapy may be beyond guideline recommendations, further therapy is still indicated given complicated recovery. X is medically necessary and certified

Overtured

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**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