

Amendment Date: X

Notice of Independent Review Decision

X:

Amended May X

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or health care provider who reviewed the decision

X

Review outcome

Upon independent review, the reviewer finds that the previous adverse determination should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

Information provided to the IRO for review

X

Patient clinical history

The claimant is a X diagnosed with a complete medial meniscus tear, chondromalacia, and right knee pain due to an accident that occurred at work.

A Physical Therapy Initial Evaluation from X dated X documented that the claimant has a X. X treatment plan includes range of motion exercises, quadriceps strengthening, and a stretching program. X has attended X. X job duties involve X. X missed several months of X due to X completed on X. X experienced an X. X reports the onset of low back pain after these events. X physician informed X that X symptoms are likely due to prolonged supine positioning after surgery. X is still healing. X will see X surgeon in X. X has returned to work on light duty, which currently involves prolonged sitting and periods of waiting. X reports that X knee pain has gradually improved. However, X still experiences intermittent pain in X medial knee with standing, prolonged sitting, and transfers. X is ambulating without an assistive device. X rates X pain as a X out of X today.

Notice of Adverse Determination Letter from X dated X documented the denial of X. It stated that the service does not meet established standards of medical necessity.

Appeal Decision Letter from X dated X documented the decision to deny the request for X is upheld.

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The claimant is a X diagnosed with a complete medial meniscus tear, chondromalacia, and right knee pain due to an accident that occurred at work. This review is to determine the medical necessity of X.

The claimant was originally prescribed and approved for X. X attended X. Once X was able to return to X. Due to no fault of X own, X was forced to take a break between the first X. It is medically inappropriate to penalize the claimant and to not allow X to complete the prescribed, indicated and approved program of X to help maximally and efficiently ameliorate X mechanical symptoms from X medial meniscus tear and chondromalacia of the patella. The claimant continued to experience knee stiffness and weakness and had some X. The deficits limited activities such as prolonged standing step navigation walking and getting in and out of a vehicle driving in position changes while moving from a sitting to a supine or standing position. Continued X utilizing the X.

The subsequent request for X should, therefore, be modified to allow for completion of the original X. This subsequent request for

X denied upon initial review and subsequent review. In my expert opinion, the subsequent X should have been and should now be partially approved to allow the claimant to complete the residual prescribed visits. Specifically, the claimant should be allowed and recommended to complete the X. The X are medically necessary.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and Quality Guidelines
- DWC- Division of Workers Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- InterQual 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 & Treatment Guidelines

safety precautions (eg, joint ROM and weight-bearing limitations, concurrent illnesses). (10) (EG 2)

Presley 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)