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Notice of Independent Review Decision

IRO Reviewer Report

X

IRO Case Number: TX X

Description of the services in dispute

X

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

Review Outcome: Upheld

X 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

X, date of birth X, is diagnosed with instability and pain in the left knee, effusion and stiffness of the left knee and X. It was noted X works at a X and on X, X jumped and landed on a wet spot while X.

X - Initial Evaluation by X PT
X, X, was evaluated one day after left ACL and medial meniscus repair, reporting pain (X best, X worst) and significantly limited functional status (X ADLs, X work activities). X was non-weight bearing for X weeks and instructed to avoid X over X degrees, with a treatment plan including X.

X - Progress Note by X PT Lic# X
After X, X pain improved (X best, X worst), and X

showed improved range of motion and walking, though still using one crutch . X functional status improved to X for ADLs and X for work activities, with goals including continued improvement in strength, endurance, gait, and ability to perform single-leg activities to return to full work duties.

X - Utilization Review Approval Notice
X approved X for X left knee (visits X), effective X to X, bringing the X. The approval was based on Official Disability Guidelines criteria, with a requirement of X total units per session and at least X.

X - Progress Note by X, X reported minimal left knee pain (X best, X worst) and achieved X ADL function and X work activity function. While X range of motion and strength had improved, X still couldn't run or perform sports-specific movements. X was unable to pick up X and noted X cannot demonstrate activities while X. left knee flexion and extension are X strength and passive range for left knee flexion is X. X continued to experience fatigue, leading the therapist to recommend X.

X - Notice of Adverse Determination
X denied continued X for X left knee, stating it was not medically necessary or appropriate, as Official Disability Guidelines recommend up to X. The patient had already X with range of motion and strength within functional limits, suggesting a X was appropriate, and the notice reiterated a dispute regarding the extent of injury.

X - Medical Appeal Review
A medical appeal review for X continued X for X left knee resulted in an adverse determination, denying the services as not medically necessary or appropriate. The review concluded that the requested services did not meet Official Disability Guidelines criteria, noting that after X, the patient's range of motion and strength were within functional limits, and the request exceeded ODG recommendations despite X continued symptoms and functional limitations.

Analysis and explanation of the decision, including 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. The patient X on X and has

completed X. The Official Disability Guidelines support up to X for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. When treatment duration and/or number of visits exceeds the guidelines, X should be noted. There are X documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

X ODG - Official Disability Guidelines & Treatment Guidelines

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)