MET HEALTHCARE SOLUTIONS
2211 West 34th St. ● Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Amendment Date: X

Notice of Independent Review Decision

X:

Amended: September 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/adverse determinations 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 right knee medial meniscus tear, right knee chondromalacia, and right knee sprain. This review is to determine the medical necessity of X.

The MRI Knee Right Without Contrast by Dr. X, MD dated X revealed that, "X."

The Office Visit by X dated X stated that, "X. X experiences persistent knee pain on the medial side, which has not improved significantly since X. X has adjusted X walking to reduce limping, but the pain remains a significant issue. No re-injury of the knee since the X. X has undergone various treatments including X. The pain is located on the medical side of the knee. X continues to work full-time, X of X job, and has not been on light duty or missed work despite the pain. X has lost approximately twenty pounds recently, which X attributes to X efforts to manage X knee pain. X is concerned about the impact of X knee condition on X ability to work and X quality of life."

The Office Notes by X dated X stated that, "X has a history of a X of X right knee performed by Dr. X. X reports persistent pain localized to the inside of the right knee, which has not improved despite X. X has undergone X. X also X. X describes frequent popping of the knee during bending and straightening movements. X underwent an X. X presents today for a second opinion regarding further treatment options." Physical examination revealed, "- Right knee: Range of motion X degrees.- Stable to varus and valgus stress at X and X degrees. - Medial joint line tenderness X. - McMurray test X. - Steinmann sign X. - Distally neurovascularly intact. - Neutral alignment."

Finally, the Denial Letter by X dated X stated that, "There was a previous determination. The request was non-certified."

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

The claimant is a X diagnosed with right knee medial meniscus tear, right knee chondromalacia, and right knee sprain. This review is to determine the medical necessity of X.

Based on the claimant's persistent right knee pain, MRI-confirmed X is medically necessary under ODG criteria, given the X. X may be considered only if X. Current evidence supports X.

Therefore, it is the professional opinion of this medical reviewer to partially overturn the denial of X due to medical necessity.

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
- ☐ 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)