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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)

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 [SUMMARY]: X who was injured at work on X. The mechanism of injury is not available in provided records. The diagnoses were right knee medial meniscal tear; right knee chondromalacia and right knee sprain. On X, X was seen by X, MD for initial evaluation regarding chief complaint of right knee pain. X had a history of a X performed by Dr. X. At the time, X reported that persistent pain localized to the inside of the right knee, which had not improved despite prior treatments. X had X. X also X. X described frequent popping of the knee during bending and straightening movements. X underwent an MRI and radiographs, which demonstrated ongoing pathology. X was informed by X previous provider that X may be a candidate for X. On the day, X presented for a second opinion regarding further treatment options. On the day, pain was rated as X. On examination, X weight was 275 pounds and body mass index (BMI) was 41.8 kg/m². Right knee examination revealed range of motion was X degrees. It was stable to varus and valgus stress at X and X degrees. X was noted. X was X. X was X. Treatment plan was to X. The X was not recommended due to the high demand of a X, as it X. On X, X was seen by Dr. X for a follow-up evaluation of right knee pain. X had a history of X administered on X and a X administered on X for X right knee. Despite these treatments, X continued to experience pain. X had undergone an X were denied. X worked in the X, which involved physically demanding activities. X had MRI and x-ray studies demonstrating X. Right knee examination revealed X. Range of motion was X degrees. Treatment plan was to proceed with X. They would resubmit for X approval, including all relevant documentation provided by the Workers' Compensation team. X-ray of the right knee dated X showed X. There was X. There was X. X was noted. There was X seen. An MRI of right knee dated X revealed X. X was noted. X was noted. Severe X was seen. X was present. X was noted. Treatment to date included X. Per a utilization review adverse determination letter report dated X, the request for X was denied by X, MD. Rationale: "X, ODG states that X is recommended as an option; may be a first-line or second-line option. X may be indicated for X. In this case, without approval of the requested X is not medically necessary. The request is denied." It was also documented that "Order form dated X notes a plan of care

for X. Review of claim notes that the request for X was denied. "Per a peer review report dated X, the request for X was denied by X, MD. Rationale: "There was a previous determination. The request was non-certified. The requested X is non-certified. Therefore, the request for X is upheld and non-certified. "Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "There was a previous determination. The request was non-certified. The requested X is non-certified. Therefore, the request for X is upheld and non-certified. "Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter report dated X, the request for X was denied by X, MD. Rational: "Regarding X, ODG states that X is recommended as an option; may be a first-line or second-line option. X may be indicated for X. In this case, without approval of the requested X is not medically necessary. The request is denied." It was also documented that "Order form dated X notes a plan of care for X. Review of claim notes that the request for X was denied." Per a peer review report dated X, the request for X was denied by X, MD. Rationale: "There was a previous determination. The request was non-certified. The requested X is non-certified. Therefore, the request for X is upheld and non-certified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has X. X also X. X was subsequently recommended for X. The submitted clinical records indicate that the X was non-certified. Therefore, the request for 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 clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter report dated X, the request for X was denied by X, MD. Rational: X, ODG states that X is recommended as an option; may be a first-line or second-line option. X may be indicated for X. In this case, without approval of the requested X is not medically necessary. The request is denied." It was also documented that "Order form dated X notes a plan of care

X. Review of claim notes that the request for X was denied.” Per a peer review report dated X, the request for X was denied by X, MD. Rationale: “There was a previous determination. The request was non-certified. The requested X is non-certified. Therefore, the request for X is upheld and non-certified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has X. X also tried using a X. X was subsequently recommended for X. The submitted clinical records indicate that the X was non-certified. Therefore, the request for X is also non-certified. X is not medically necessary and non-certified. Upheld

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & 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
- 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)