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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X; Amendment 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

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was working as X. X turned X left knee and heard a loud pop, which was heard by X fellow workers as well. X subsequently had X. The diagnosis was status post (s/p) anterior cruciate ligament (ACL) reconstruction.

On X, X underwent a X re-examination by X, PT. X had surgery on "X" that consisted of X; however, X continued to have weakness, pain, swelling, muscle weakness, and complaints of pain rated X in the left knee. X had not been released to full duty at the time. X primary concerns included pain, swelling, decreased motion, and the inability to squat or kneel on the left knee. Prior to the injury, X had no symptoms in the left knee. X medical and treatment diagnosis was unilateral primary osteoarthritis of the left knee. X continued to have significant functional limitations with mobility and with carrying, moving, and handling objects. Left knee pain was rated X at the time, but at worst, it could be a X and at best, X. Aggravating factors were standing, walking, going up and down the stairs, and going from sit to stand. Examination of the left knee revealed X. X was full weightbearing (FBW); noncompliant with weight bearing restrictions. Gait was antalgic; X lacked proper heel strike / toe off and was apprehensive with weight bearing. X was noted, as visually the left quad was X smaller than the right. Left knee active range of motion (AROM) testing revealed flexion X degrees and extension X degrees. Gross testing of strength in the left lower extremity revealed decreased strength at X with hip flexion, X strength with hip abduction and adduction, X strength with hip internal and external rotation, and X strength with hip extension. Left knee flexion and extension strength was decreased at X. Lower extremity reflexes were X in the bilateral knee jerks (X) and ankle jerks (X). Patellofemoral mobility testing revealed hypomobile left knee medial, lateral, superior, and inferior. Single leg (SL) balance testing was good on the right and fair on the left. Sit to stand was X seconds; anterior test and Lachman's test were X; and X had weakness in the vastus medialis. Outcome measurement tools included Wong-Baker FACES Pain Rating Scale score of X and Tinetti Balance score of X. It was assessed that X had suffered X. Stairs were painful, especially

descending alternating steps. X had been attending X at an alternative location, but was not receiving any X at the time. X clinical presentation was evolving with changing characteristics and X rehab potential was good. X short-term and long-term goals were set and the plan was to attend X at a frequency of X times a week for X weeks. On X, X returned to see X, FNP for continued left knee pain. This was a Workers' Compensation / work-related injury case and X had undergone X. Pain in the left knee was rated X that day. Musculoskeletal examination revealed X demonstrated range of motion of the left knee, but had some discomfort with flexion and extension. X reported tenderness at the incision site on the lateral and medial side of the kneecap; X felt like something was hanging on the lateral side of the upper patella when X flexed or extended X knee, such that X had to massage the area and work the ligament (or whatever it was) around until the knee pain eased up and X could flex / extend the lower leg again. It was noted that X follow-up visit with the second opinion orthopedist had not been approved and this was discussed with X caseworker. X was to follow-up in X month. X visited X, FNP on X for a follow-up on X work-related injury resulting in X; X was status post X. X reported X left knee pain that day. X stated X had been walking a bit, but felt like something was catching in the knee; X had to stop and massage the knee to loosen it up. On examination, X showed good range of motion of the left knee, but still had some pain just below the patella that X rated X; however, after X had been walking for a while, it bothered X. X was also complaining of feeling like there was a nodule under the patellar ligament, but if X could work it out of the way, X felt better. The diagnosis was status post ACL reconstruction and X assessed that X continued to have pain in the left knee after ACL reconstruction and was seeking a second opinion; however, X did not have all of X x-rays with X that day, and they could not get another appointment approved by X insurance. X was to return to work with the restrictions outlined in the work status. TWCC Form 73 / RTW form was filled out and reviewed with X with instructions to return in about X weeks. On X, X ordered an X for X diagnosis of status post ACL reconstruction.

An MRI of the left knee dated X demonstrated X. Status post lateral meniscus posterior horn / root repair; no recurrent lateral meniscus tear; and nonspecific small knee joint effusion. X-rays of the left knee dated X showed no acute bony abnormality. There was evidence of prior ACL reconstruction noted. There were X noted in the X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Based on the submitted documentation, the request is not warranted. According to the Official Disability Guidelines (ODG), a X. While the claimant reports persistent pain (X) and a palpable nodule after walking, the medical records indicate a good range of motion and do not document a significant clinical decline or new acute trauma since the previous imaging. A X from X already confirmed that the X. Furthermore, a follow-up X-ray on X showed only minor osteophytes typical of post-surgical status. Without evidence of a new functional deficit or worsening clinical objective findings that would necessitate a change in the current conservative treatment plan, the criteria for repeat advanced imaging are not met. Therefore, the prospective request for X is non-certified.”

An email dated X from X noted “This appears to meet the criteria for a peer-requested re-review.” Per the trailing email, “Hi Admin, Can we please have a peer-requested re-review initiated based on the conversation noted? Please reply (not add a note) with the new review number so the reviewers have that for reference.”
“Hi CPR/ICR, A peer-requested re-review is being initiated based on the outcome of the P2P call. Admin will be responding back on this thread with the new review number. The details of the P2P call and the recommended determination will be uploaded to the re-review for reference. Please complete the re-review accordingly. Thanks all!” “P2P and Determination: Update. Based on the submitted documentation, the request is not warranted. According to the Official Disability Guidelines (ODG), a X. While the claimant reports persistent pain (X) and a palpable nodule after walking, the medical records indicate a good range of motion and do not document a significant clinical decline or new acute trauma since the previous imaging. A X from X already confirmed that the X. Furthermore, a follow-up X-ray on X showed only minor osteophytes typical of post-surgical status. Without evidence of a new functional deficit or worsening clinical objective findings that would necessitate a change in the current conservative treatment plan, the criteria for X are not met. Spoke with the provider no additional exception factors were identified. Therefore, the prospective request

for X is non-certified. Thanks!"

Per an undated appeal letter by X, X stated, "I am requesting a review by an Independent Review Organization since an X was denied. A peer to peer was done and the peer review physician requested plain film x-rays of the right knee. These x-rays were done and sent to Genex for consideration of the X, and it was again denied. My knee still has pain on the medial side of the right knee and feels like a knot is forming on the side of the knee. I knelt on my knee at work, and it felt like my knee was hung up and could not straighten it out and was very painful. When I walk it feels like my knee is popping under the kneecap. I was given the opportunity to go to Dr. X for a second opinion. All my records were sent to X but upon my arrival Dr. X informed me that all X received from X were all the written notes from Dr. X and from X. No films were sent. Dr. X requested through Workers' Compensation that I receive X in my knee and X. I was able to get X, but X was denied. Dr. X based this request on notes X received since X could not evaluate the X. I was not authorized by Workers Compensation to go back to Dr. X to receive any additional treatment."

Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Based on the submitted documentation, the request is not warranted. According to the Official Disability Guidelines (ODG), a X. While the claimant reports persistent pain (X) and a palpable nodule after walking, the medical records indicate a good range of motion and do not document a significant clinical decline or new acute trauma since the previous imaging. A X from X already confirmed that the X. Furthermore, a follow-up x-ray on X showed only minor osteophytes typical of post-surgical status. An affiliated review noted certification of X on X under review X to manage their condition. Without evidence of a new functional deficit or worsening clinical objective findings that would necessitate a change in the X. In the peer-to-peer call, they spoke with the provider and no additional exception factors were identified. Therefore, the prospective request for X is non-certified." A phone conversation was held with X, APRN, FNP, at X on X. They have discussed that no additional exception factors were identified.

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. According to the Official Disability Guidelines (ODG), a X. While the claimant reports persistent pain (X) and a palpable nodule after walking, the medical records indicate a good range of motion and do not document a significant clinical decline or new acute trauma since the previous imaging. A X from X already confirmed that the X. Furthermore, a follow-up X-ray on X showed only minor osteophytes typical of post-surgical status. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The patient reportedly underwent MMI evaluation; however, this report is not submitted for review. There do not appear to be red flag findings on physical examination to support updated imaging at this time. The most recent note submitted for review indicates that X has good range of motion. There is no documentation of special testing, motor or sensory deficits. It is unclear if there has been a significant change in the patient's clinical presentation as required by guidelines for X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines for the request X and the determination is upheld.

Upheld

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