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## **Notice of Independent Review Decision**

**IRO Reviewer Report**

**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:**

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**

X, date of birth X, is a X individual diagnosed with left knee strain and seeking coverage for X. The date of injury is X.

X - MRI Left Knee Without Contrast Report by X, M. D. MRI of the left knee showed an X. X were unremarkable, and X was preserved.

X - Medical Report by X, MD

The patient presented with left knee pain from a work-related injury on X, diagnosed as a left quadriceps strain (X). Examination revealed a X. Imaging from X supported acute myotendinous injury, contradicting a prior peer review that focused only on intra-articular findings.

X - Medical Report by X, DC

The patient, a X, reported constant aching pain in the left knee from a X work injury, with pain rated X, increasing with end-point flexion. Examination revealed X. A X were recommended to assess the need for further rehabilitation and psychological state.

X - Physical Therapy Session

In the ninth and final X, the patient showed X. Mild improvements in strength and range of motion were noted, but pain limited weight-bearing, prompting follow-up with Dr. X for further evaluation.

X - Medical Report by X, DC

The patient, who had a work-related left knee injury on X, reported no recent pain on the outside of the left knee with a pain intensity of X. Physical examination showed X. A X was planned to determine the need for X.

X - Patient Progress Note - X, LCSW-S

The patient reported overall improvement, but setbacks persisted, with anxiety causing restlessness and irritability, and depressive symptoms hindering focus. X processed how these symptoms emotionally exhaust X and lead to a "snowball effect" that spirals X thoughts.

X - Re-Assessment by X, LCSW-S

The re-assessment aimed to evaluate progress and determine if mental health factors inhibited treatment or return to work. The patient's PHQ-X score decreased from X to X (mild/moderate depression), and GAD-X score decreased from X to X (moderate anxiety), meeting X depression goal. X was recommended for X.

X - Functional Capacity Evaluation Report by X, DC

The patient, a X, was performing at a Light to Light-Medium Physical Demand Level, below X occupation's Medium Physical Demand Level, indicating a mild to moderate functional deficit. The evaluation, which showed X validity, recommended an X to address functional deficits, depression, and anxiety, with specific return-to-work goals documented. The patient did not exhibit symptom/disability exaggeration behavior.

X - Adverse Determination Notice - Non-network

A request for X was denied on X, following an occupational injury on X. The denial was due to the clinical information not meeting preliminary guidelines, specifically lacking a multidisciplinary examination and program documentation with specific goals, and an inability to contact the provider.

X - Appeal Justification for X Non-certification by X, DC

An appeal was requested for the non-certification of an X. The goals of the program were outlined in the X, and the patient meets Official Disability Guidelines criteria for a X.

X - Adverse Determination After Reconsideration Notice - Non-Network  
A reconsideration request for X, initially denied on X, was again non-certified on X. The denial was based on clinical information and discussions with the provider not supporting authorization, and a lack of X. Clinical findings included an MRI showing an X.

## **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 and the previous denials are upheld. The initial request was non-certified due to the clinical information not meeting preliminary guidelines, specifically lacking a multidisciplinary examination and program documentation with specific goals, and an inability to contact the provider. The denial was upheld on appeal due to a X. Clinical findings included an MRI showing an X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the claimant has X. The Official Disability Guidelines note that upon completion of any X is medically warranted for the same condition or injury. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. As such, the denial is upheld.

## **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)