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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:** Chiropractor

**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 sustained an injury on X. While X stated that in X that X worked in, there were lot of holes in the ground. X fell in one of the holes while on the X; X felt X. The diagnoses included sprain of unspecified site of right knee, right knee strain, contusion of right knee, and MRI confirmed right knee medial meniscal tear.

X was seen by X, MD on X for persistent right knee pain, swelling, and locking. The pain was more on the inner side of the knee. If X would lift X foot at a position for a period of time X would feel burning sensation more at the top of X kneecap. The body mass index was 31.6 kg/m<sup>2</sup>. On examination, limping was noted. Right knee was swollen. Active range of motion of right knee was X to X degrees short of full extension and X degrees flexion. X was noted. There was X. McMurray was strongly X. Lachman's was X. Strength was X. X was noted. X was seen as compared to left knee.

On X, X presented to X, DC for X. X reported constant moderate pain in the right knee, rated X. The signs and symptoms increased with prolonged standing, prolonged sitting, squatting, walking, and activities associated with regular daily activities. The signs and symptoms decreased with medication. On examination of right knee there was decreased inflammation and spasms; and increased range of motion and strength. X had shown improvement, but the pain continued to be present actively.

Per the note, MRI of the right knee dated X revealed X. X was noted.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, DC, the request for X was denied. Rationale: "The guidelines recommend a X. In this case, this is a request for X. The request is not determined for necessity. As per the carrier, there were inconsistencies in the individuals account of the injury, video surveillance and statements of workers/supervisors statements caused the claim

to be disputed until X. In the interim the individual was indicated for X request was later withdrawn. The MRI right knee of X showed X. The individual has had X. As of X, the individual was not working and was placed at MMI with full duty work status. The individual had been terminated from employment on X. The request is not determined for medical necessity. The individual is not responding to the X. If the X does not work in the program, then the X of the program may not benefit as well, In addition, the reason for the X was not provided. There has been minimal attempt at lower levels of care. Further, there X. Lastly, the individual was placed at MMI with full duty work status. As such, the request is non-certified.”

Per a reconsideration review adverse determination letter dated X by X, MD, the appeal request for X was denied. Rationale: “The ODG indicates a X when usual methods of treatment have not been successful in alleviating pain. In this case, a similar request was non-certified by the X UR and an appeal request was made on X. A review of the records submitted along with the current request included X. The records state that the individual had X; however, X notes were provided for review, and as such, their efficacy in objectively measurable terms could not be assessed. There is no detailed documentation of X. It is unclear what other X has been tried recently. Given these findings, the X. A recommendation for a X is not supported by the guidelines. After an unbiased review of records, the decision of non-certification remains firm. Therefore, the request is non-certified.”

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

In this case, the claimant has completed X. The claimant was recommended for X after X. However, the X was then withdrawn due to a X. Due to the X was not approved and the claimant has been unable to return to work. Criteria within the ODG guidelines support the request when symptoms and functional deficits exceed X weeks. Considering the claimant made minor gains with baseline X and the lack of escalated treatment options available the request for X is medically necessary.

Overtured

**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