

P-IRO Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 779-3287
Fax: (888) 350-0169
Email: @p-iro.com

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

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amendment X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. The biomechanics of the injury was not included in the records. The diagnoses included other tear of medial meniscus, current injury, left knee; and presence of left artificial knee joint.

X was seen by X, MD on X for a follow-up of left knee. X reported experiencing episodes where X left leg gives out after taking a few steps, occasionally resulting in a minor fall. X described intermittent pain behind the kneecap and noted swelling and fluid accumulation in the left knee. X had a history of X. X stated that X was denied by X insurance, but X had been working on strengthening exercises at the gym, including leg presses and squats. X avoided leg extensions due to increased stress on the knee. X mentioned occasional popping in the knee, which X had been informed was X. X was focused on quadriceps and hamstring strengthening exercises to improve stability and function. X body mass index was 30 kg/m². Left knee examination revealed X. Range of motion was X to X degrees. There was X. Sensation to light touch and motor was X. X-rays of the left knee at the time of visit demonstrated a X. Findings were unchanged from previous X. The plan was to continue focusing on X.

X progress note dated X documented that X overall progress was slightly better. Left knee active flexion was X degrees and extension was X degrees. Left knee passive flexion was X degrees and extension was X degree. Strength was -X in flexion and extension. X had improved tolerance with knee pain throughout the day with chief complaint of continuous stiffness in left knee.

Treatment to date included X.

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amendment X

Per physician advisor determination review by X, MD on X, the request for X was non-certified. Rationale: "In this case, the patient has had X approved to date. Guidelines recommend X; thus, the request exceeds the guidelines. Therefore, the request for X is non-certified."

Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "They requested X is not medically necessary. The submitted medical records indicate the patient has already X. X is not supported by the guidelines. The patient should be well-versed in a X. Medical necessity has not been established. Therefore, the requested appeal for X is upheld 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: Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each X minutes, X: Application of X: Therapy procedure using manual technique, each X minutes, X: Therapy procedure using functional activities, and X: X is not recommended as medically necessary and the previous denials are upheld. Per physician advisor determination review by X, MD on X, the request for X was non-certified. Rationale: "In this case, the patient has had X approved to date. Guidelines recommend X; thus, the request exceeds the guidelines. Therefore, the request for X is non-certified." Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "They requested X is not medically necessary. The submitted medical records indicate the patient has already X. X is not supported by the guidelines. The patient should be well-versed in a X. Medical necessity has not been established. Therefore, the requested appeal 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 claimant underwent X. Current evidence-based guidelines support up to X. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are X documented. The patient has X. X is not

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amendment X

medically necessary and non-certified.

Non-certified.

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

P-IRO Inc

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amendment X

- 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