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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 had right knee sprain X. The diagnoses were sprain of right knee and unilateral primary osteoarthritis of right knee. X was seen by X, MD on X for a complaint of right knee pain. X had injured X knee while X. X stated day after the injury, X knee was swollen rather significantly. X was treated with a X. Since the injury, X was basically lying in bed so much that X had developed bedsores. Examination of the right knee was quite difficult as X was quite guarded. X held X knee flexed about X degrees. When an attempt was made to straighten this, X could move it another X degrees or so and then X actively resisted it. The same thing happened when X tried to flex X knee. X was noted. It was noted that X had significant right knee stiffness. A peer review by X, MD dated X documented that the compensable injury did not extend to include right knee X. X is a degenerative condition and it was not caused, worsened, or aggravated by a knee sprain. X reported ongoing right knee pain, which the provider could not relate with the work injury that occurred almost X years back. X ongoing pain was rather related to X. Therefore, the provider could not relate X ongoing complaints with the work injury. Regarding treatment, it was opined that there was X. There was X. The provider also noted that in all medical probability, the effects of the work injury had resolved. X was seen in the emergency department by X, MD on X for chronic right knee pain. X was requesting X. Review of X had revealed X. Previously, X had X but none was noted on the day of the visit. On examination, X right knee did not appear quite deformed consistent with severe osteoarthritis. There was X. X range of motion did not seem to be limited. Per a letter dated X by X, the request X, X, was medically necessary and authorized. A X progress note was documented on X by X, PT. X continued to X. There was significant X. X continued to be appropriate for further X. An X of the right knee dated X revealed X. No X was noted. Treatment to date included X. Per a utilization review adverse determination letter dated X, the prospective request for X was denied by X, MD. Rationale: "Based on the submitted documentation, the injured worker was diagnosed with unilateral primary osteoarthritis of the right knee. The injured worker's work status was undisclosed. Attempted treatments were not submitted. Previously undated X of the right knee revealed X. According to the

progress report submitted by X, MD, dated X, the injured worker reported right knee pain. The right knee examination revealed X. Regarding X, the Official Disability Guideline recommends X. X may be indicated when functional progress has been made during the X. Based on the submitted documentation, the request for X is not warranted. The referenced guideline recommends a total of X. Moreover, X may be indicated when there is functional progress, maximum improvement has not yet been attained, and if the injured worker is actively participating and adherent to the plan of care. The injured worker presented with right knee pain, along with X. Although the subjective discomfort is acknowledged, the request is not medically necessary as there is no evidence of significant X. Therefore, the prospective request for X is non-certified.” Per an undated handwritten appeal letter, the provider disagreed with the decision based on incomplete notes and medical evidence submitted by the carrier. This X process had continued for X months because the carrier would not provide any medical care and refused to let X set the prescribed X in X own network. X had to pay for X own care for a compensable injury on X. Compensability was worn by X on X. An appeal letter was documented by X on an unknown date indicating the decisions be reversed for the request. The carrier had only sent a piece meal of information for review. Over X months, X had attempted multiple times ever paying out of pocket to set medical treatment. X had presented facts and dates and records of X attempts and doctor referrals to set approved medical care from the network, only to be denied by the carrier 100percent of the times. Another appeal letter was documented by X on X indicating the carrier had provided zero medical care since the date of injury on X. The carrier had provided zero evidence that X was not a medical necessity. Per a reconsideration review adverse determination letter dated X, the prospective request for X was denied by X, MD. Rationale: “Upon review of the submitted documentation, the request is not warranted. The Official Disability Guidelines recommend X. X may be indicated when functional progress has been made during the X or the plan of care has been modified or re-evaluated every X weeks, maximum improvement has not yet been attained, the injured worker is actively participating in the X, and if the injured worker is adherent to the plan of care. The injured worker reported right knee pain. Examination showed X. There were X. Imaging revealed X. Based on these clinical findings, the request for X is not supported and is not medically necessary as of this time. The injured worker does not meet guideline criteria for care beyond the initial, time-limited treatment window. The current guidelines

require X. Given the above information, the X is non-certified.” A handwritten note by X on X documented overview and timeline of events. X addressed to Dr. X that X symptoms had only degraded after being in the bed for X months with X that was supposed to keep X leg straight with two steel rods. XPT in X stated that X should have only X. They also stated it was the wrong size. That was X initial complaint on prior documents. The PT office also stated that it caused “memory loss” and that was why X walked with a limp, X range of motion was inconsistent. That should if been about a X month fix if carrier would have approved the X. At the time, it’s a X month nightmare and X normal walking and range of motion ability might never be corrected. X noted that to top it off, the ongoing two peer review doctors from X confirmed, X received the wrong doctors name from the carrier. They denied the doctor they approved to go (still ongoing issue).

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 prescribed by Dr. X for the right knee. X is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified noting that, “Based on the submitted documentation, the injured worker was diagnosed with unilateral primary osteoarthritis of the right knee. The injured worker's work status was undisclosed. Attempted treatments were not submitted. Previously undated X of the right knee revealed X. According to the progress report submitted by X, MD, dated X, the injured worker reported right knee pain. The right knee examination revealed X. Regarding X, the Official Disability Guideline recommends X. X may be indicated when functional progress has been made during the X or the plan of care has been modified or re-evaluated every X weeks, maximum improvement has not yet been attained, the injured worker is actively participating in the X, and if the injured worker is adherent to the plan of care. Based on the submitted documentation, the request for X is not warranted. The referenced guideline recommends a total of X. Moreover, X may be indicated when there is functional progress, maximum improvement has not yet been attained, and if the injured worker is actively participating and adherent to the plan of care. The injured worker presented with right knee pain, along with X. Although the subjective discomfort is acknowledged, the request is not medically necessary as there is no evidence of X. Therefore, the prospective request for X is

non-certified.” The denial was upheld on appeal noting that, : “Upon review of the submitted documentation, the request is not warranted. The Official Disability Guidelines recommend X. X may be indicated when functional progress has been made during the initial therapy or the plan of care has been modified or re-evaluated every X weeks, maximum improvement has not yet been attained, the injured worker is actively participating in the X, and if the injured worker is adherent to the plan of care. The injured worker reported right knee pain. Examination showed X. There were X. Imaging revealed X. Based on these clinical findings, the request for X is not supported and is not medically necessary as of this time. The injured worker does not meet guideline criteria for care beyond the initial, time-limited treatment window. The current guidelines require X. Given the above information, the prospective appeal for X is non-certified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is a lack of information provided regarding X completed to date. The most recent notes submitted for review indicate that there have been no sudden or recent exacerbations. There has been no recent trauma. Per peer review dated X, there is no indication for further treatment including X. Given the chronicity of the injury, the claimant should be well-versed in and encouraged to perform an X. Request for X is not 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:

- 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)**