



MedHealth Review, Inc.
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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an industrial injury on X and is seeking authorization for an X.

Prior diagnostic testing of the right knee was not included in the documentation provided for review. Previous treatments completed include X.

The X treating providers report cites right knee pain with catching sensation (since late X when X pivoted on the extremity at work.) X has since noted sharp, episodic pain that is worse with activity. The right knee exam reveals X. X is noted. Active range of motion is X. McMurray's is X with pain at the medial joint line. X-rays of the right knee demonstrated no obvious X. X of the right knee was noted to show X. The treatment plan included an X to address X.

The utilization review dated X non-certified the requested appeal of the X. The rationale states that a X has not been demonstrated, including X. The utilization review dated X non-certified the requested X. The rationale stated there is no indication that the patient is X to warrant the request.

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

In this case, this X sustained an X on X and is seeking authorization for an X.

Overall, X presented on X with right knee pain with catching sensation since late X when X pivoted on the extremity at work. X has since noted sharp, episodic pain that is worse with activity. The right knee exam reveals X. X is noted. Active range of motion is X and passive motion is not X. McMurray's is X.

1. Regarding the requested X

As per ODG, "X"

However, detailed documentation is not evident regarding a X. Recent X are not clearly evident. Additionally, the formal diagnostic studies/report was not provided for review to X. There is X noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X is not medically necessary.

2. Regarding the requested X,

As per ODG, "X."

As per Centers for Medicare and Medicaid services, X. However, for the requested X, X. Therefore, the request for X is not medically necessary.

3. Regarding the requested X,

As per ODG,
X

However, detailed documentation is not evident regarding this injured worker being hospitalized. Regardless, the X is not supported. There is X noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X is not medically necessary.

4. Regarding the requested X,

As per ODG, X

However, the X is not supported. There is X noted to support the medical necessity of this request as an exception to guidelines.

Therefore, the request for X is not medically necessary.

**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
- 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 JUDGEMENT, CLINICAL
EXPERIENCE AND EXPERTISE IN ACCORDANCE
WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE
GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES

- PRESSLEY 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)**