MET HEALTHCARE SOLUTIONS
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Amended: X
Notice of Independent Review Decision

X:

Amended: 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

Upon independent review, the reviewer finds that the previous adverse determination should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

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
The claimant is a X diagnosed with a closed fracture of left tibia and fibula. This review is to determine the medical necessity of X.

X-ray of the left tibia/fibula dated X revealed "X."

The Operative Report from X, MD dated X states the claimant X. The report goes on to state that the "patient is a X who sustained an injury after X was X. The patient was X. X immediately X. X presented to X. I saw X in consultation, recommended X. X were discussed, and informed consent was obtained." The operative report also states the X indicates "the patient will be X. X may X. X is X."

Based on the documentation provided the claimant X."

Per the Denial Letter from X dated X, "X. Appeal upheld by physician advisor. X. The above review was made based on X."

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The claimant is a X who sustained a closed left tibia and fibula fracture on X, treated with X. X course included X in X, with an initial evaluation on X, followed by X. As of late X, progress notes, the claimant demonstrated X. The current request is for X.

The original adverse determination (and subsequent appeal upholding by the physician advisor) correctly found the requested services not medically necessary. The clinical records demonstrate that by X months X (X), the claimant had already X. There was some reported improvement (e.g., "knee

and leg pain is better"), and X had progressed to full weight bearing. However, objective findings remained limited: knee ROM only X, decreased X. The documentation does X. This lack of objective information supports the ODG guideline-based denial for X.

This decision to uphold the denial is X. These sources support a time-limited course of X.

Therefore, it is the professional opinion of the medical reviewer to uphold the denial of X due to a lack of medical necessity. This means that the claimant will not receive coverage for the requested services.

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

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