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Notice of Independent Review Decision
Amended Decision Date: X

IRO Reviewer

Report 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:

Upheld (Agree)

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

X, date of birth X, is a X individual diagnosed with traumatic arthropathy of the right ankle and foot, metatarsalgia of the right foot, tear of the medial meniscus of the right knee, and the presence of other orthopedic joint implants, and seeking coverage for x.

X - Operative Report by X, M. D. The patient underwent an X. The procedure was performed X.

X - Office Note by X, MD - Post-meniscectomy, the patient reported X right knee pain worsened by movement, used crutches, and was not working; X reported X improvement since surgery and had X first X. X was prescribed X.

X - DESIGNATED DOCTOR EXAMINATION NARRATIVE REPORT by X, M. D. The patient underwent a Designated Doctor Examination to assess the extent of injury and direct result of disability for X. Diagnostic studies showed X. The patient was found to be at a X.

X - Physician Progress Report by X, MD - The patient, X. X was recommended X.

X - Office Note by X, MD - The patient had a follow-up for a X. Additional X were ordered by Dr. X, but the patient had X.

X - Functional Capacity Evaluation by X, DC - A Functional Capacity Evaluation revealed the X. The evaluation consistently showed pain in the left arm, right leg, and back during various movements and lifts, correlating with reliable effort. The patient also scored with X.

X - Physical Therapy Progress Note by X, PT, DPT - The patient reported X right knee pain at rest, worsening with X. X presented with right knee swelling, X. Progress was slower than expected, with X.

X - Office Note by X, MD - The patient presented with ongoing right knee strain (X pain with walking), lower back pain, and left shoulder pain (X pain with arm lifting). X was prescribed X. Referrals for X.

X - Initial Anesthesia - Pain Management evaluation by X, MD The patient was evaluated for low back, right knee, and left shoulder pain following a work-related injury on X, reporting severe right knee pain (X) and back pain. Despite X. X were provided.

X - Office Visit by X, MD - The patient reported persistent right knee (X) and lumbar pain (X) following a X. Examination revealed some swelling and limited range of motion in the left knee, with the patient being X towards meeting physical job requirements. X was given work restrictions per a specialist and advised to return for evaluation by the treating doctor in X weeks.

X - Behavioral Evaluation and Request for Services - A behavioral evaluation revealed the patient sustained a work-related injury on X, leading to X. The patient scored minimally for X, but indicated a X was requested.

X - Functional Capacity Evaluation by X, CPT - A Functional Capacity Evaluation revealed the patient could only perform X. X pain reports were reliable, with an Oswestry score indicating severe low back disability and significant deficits in various physical activities. X - Medical Record, Patient and Visit Details by X, MA The patient presented with X. X general appearance was well-nourished, and X mental status indicated X. X had a X.

X - WC Non-Network - Adverse Determination by X, MD - X was non-certified due to X. The reviewer concluded that X. The patient, a X with a X injury, complained of increased pain with standing and walking, with an Oswestry score indicating X.

X - Physician Progress Report by X, MD - The patient reported persistent lower extremity pain X) and back pain, remaining X and awaiting an appeal for a X. Physical examination revealed decreased X. X has X. X is scheduled for a follow-up in X.

X - Physician Progress Report by X, MD - The patient, X, reported doing much better with moderate pain and was ready to return to regular duty. X was recommended full duty and a final follow-up in X weeks for maximum medical improvement.

X - Encounter, X, MD - The patient is experiencing pain in the right knee (X) and low back (X), worsened by walking, standing, and bending. A recent CT scan confirmed an X. Dr. X initially suggested a X. X has been advised to X, but X was informed by Dr. X to hold off on X for now. The patient recently had a X on X and has follow-up appointments scheduled with Dr. X and Dr. X in early X. No new medications were prescribed during this encounter.

X - Notice of Reconsideration - Adverse Determination - The appeal for an X was denied, as it was still determined not to meet medical necessity guidelines. The requested X, making it unclear what services were included and thus precluding the establishment of medical necessity. The review noted a lack of documentation for X.

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

Based on the ODG criteria and the clinical documentation provided, the request for X is not medically necessary at this time. Although the patient has persistent right knee and low back pain following the X work injury, X.

ODG supports X.

In this case, while the patient completed X, the records do not clearly document a completed X. The behavioral evaluation recommended a X, but the request is for X, and the records do not adequately define the X.

Several findings support ongoing impairment, including the X showing sedentary physical demand level, severe Oswestry disability, reliable pain behavior, and inability to meet heavy job demands; however, the later records are inconsistent regarding the degree of ongoing disability and need for X. On X, the patient reported lower extremity pain of only X with normal right knee range of motion, and on X, Dr. X noted the patient was “doing much better,” had only moderate pain, and was ready to return to regular duty with a recommendation for full duty and final follow-up for maximum medical improvement. These later clinical findings weaken the medical necessity for an X. ODG also requires that the patient be motivated and X; however, the documentation includes conflicting X history, including being advised to X.

Therefore, the request is not medically necessary because the records do not demonstrate that all underlying pain generators have been fully addressed, that lower levels of X. The request also lacks X, objective functional goals, planned interventions, measurable outcomes, and justification for the requested X. Therefore, the denial is upheld.

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

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)