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Notice of Independent Review Decision

IRO Reviewer Report X

IRO Case Number: TX

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

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-year-old individual diagnosed with chronic right knee pain following X, and seeking coverage for X.

X - Progress Note by X, PA-C - The patient, a X, presented with chronic right knee pain (X), stiffness, and significant valgus deformity, following X. The worker's compensation previously denied claims due to an arthritis diagnosis, but a recent evaluation suggested X current symptoms were related to the original injury. An MRI was ordered, and a referral to Dr. X was initiated for further orthopedic evaluation.

X - X by X, PA-C - The patient presented for a follow-up concerning chronic right knee pain, which developed after an X. Physical examination revealed X, with the plan to refer the patient to Dr. X to assess the causality of X progressive symptoms with the original injury for workers' compensation.

X - Progress Note by X, MD - The patient, a X, was evaluated for a X work-related right knee injury, presenting with X. Physical examination revealed an X. A X was recommended as the only treatment option, directly linked to X initial injury and prior surgery.

X - X by X, MD - The patient had a follow-up for chronic right knee pain, diagnosed as X, with Dr. X recommending X. Examination revealed X. The patient was referred to Dr. X, an orthopedic knee specialist, for X.

X - Physical Therapy Referral by X, MD - The patient was referred for X for X right knee, with diagnoses including right knee pain, anterior cruciate ligament sprain sequela, and other postprocedural states. The referral specified a treatment plan of X.

X - Physical Therapy Progress Note by X, PT - The patient completed X. Despite progress, X reported persistent mild post-session swelling and limitations in recreational activities, leading to a recommendation for the X as a medically necessary adjunct for X.

X - Letter of Medical Necessity by X, MD - A letter of medical necessity was issued for the X, including a X. The X is justified under ODG guidelines for X. The physician emphasized the necessity for X.

X - X Request Form - X by X, MD
- An initial certification request was submitted for the X, X, X, X. This X offers X, aligning with ODG recommendations for conditions involving inflammation, joint stiffness, muscle spasm, pain, or swelling. Clinical documentation and a letter of medical necessity were attached to support the X medical necessity.

X - X Utilization Review Report - The request for the X was non-certified because the patient's

condition was long-standing with degenerative changes, not in an acute post-operative phase. The reviewer noted the patient was working full duty and performing ADLs independently with successful X, concluding that standard low-cost alternatives offer similar therapeutic benefits without evidence of superior clinical outcomes from the requested X.

X - Appeal for Authorization - A formal appeal was submitted against the non-certification of the X, arguing the denial misinterpreted ODG guidelines and underestimated the patient's X. The appeal emphasized that ODG supports X.

X - X Utilization Review Report - The request for the X was non-certified, upholding the original determination that it was not medically necessary based on established criteria. The reviewer concluded that despite a right knee injury, the patient performs daily activities and works full duty, and less expensive alternatives offer similar benefits without evidence of superior outcomes from the requested X. Peer-to-peer discussion attempts with the prescribing physician were unsuccessful.

X - Medical Denial Letter - Non-Certification - The request for a X, was non-certified following a medical review. The denial cited the patient's ability to work full duty, perform ADLs independently, and good progress in X, noting that low-cost alternatives offer similar therapeutic benefits without superior clinical outcomes from the requested X.

X - X by X, NP - The patient was seen for chronic right knee pain following a X, with an orthopedic specialist recommending a X, and a X is awaiting approval. Assessment confirmed a X. The treatment plan included starting X, and the patient was cleared to return to work without restrictions.

X - Letter of Medical Necessity by X, NP - A letter of medical necessity was issued for the X, X, for the patient diagnosed with X. The X is supported by Official Disability Guidelines for X. Its approval was strongly recommended for X.

X - X REQUEST: X Initial Pre-authorization Request - An initial pre-authorization request was submitted for the X, asserting its medical necessity under the Official Disability Guidelines (ODG) for conditions involving inflammation, joint stiffness, muscle

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

The patient is a X-old individual diagnosed with chronic right knee pain and arthritis of the right knee following X.

According to the ODG guidelines, X is generally recommended for X. X is not recommended for knee osteoarthritis, nor is it indicated outside of specific postoperative settings. While the guidelines demonstrate a X, the patient is able to work full duty, perform ADLs

independently, and has made good progress in X. Guidelines showed that low-cost alternatives offer similar therapeutic benefits without superior clinical outcomes from the requested X.

Given the above, X, X between X and X is not considered medically necessary, and 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:

Other Evidence-Based, Scientifically Valid, Outcome-Focused Guidelines (Provide A Description)