P-IRO Inc.
An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X, when X.' The diagnosis was left ACL tear, tear of medial meniscus of left knee, and history of X.

X, MD evaluated X on X. X presented for evaluation of a left knee injury on X. X had been evaluated at X immediately after the injury, where an x-ray was performed and an MRI was ordered. The MRI reportedly showed an ACL tear, and X was referred for orthopedic evaluation. X had been X. X reported persistent pain, swelling, and instability of the left knee. X was unable to fully straighten or bend the knee. Pain was localized primarily to the lateral aspect of the knee and was worsened by side-to-side movement, full extension, and bending. Pivoting or twisting caused the knee to give out. Pain was rated around X and was partially relieved by X. X denied any prior history of knee problems. Examination of the left knee revealed range of motion X degrees, X. X-rays of the left knee done on X, revealed X. The diagnosis was left knee ACL tear, tear of medial meniscus of left knee, and history of X. It was noted that X symptoms of instability, and more specifically, the mechanical clunking were consistent with an ACL tear and a likely meniscal tear. Dr. X noted that the physical examination findings and X review of X MRI supported a diagnosis of both an ACL tear and a medial meniscus tear. X was recommended. The plan was for a X as needed. The X would be an X. Postoperatively, X would be in a X.

Per the office visit note dated X, an MRI of the left knee dated X, demonstrated X. Also, x-rays of the left knee dated X, were within X.

Per a utilization review / adverse determination letter dated X, the request for X

was denied by X, MD. Rationale for denial of X: “ODG notes that X. In this case, in discussion, X, MA stated that the claimant has a lot of instability and mechanical clunking, X stated that the MRI did not show a X; however, the clinical findings are consistent with a X. Review of the clinical records reflect a reported date of injury on X. Examination reveals X. The documentation does not reveal X. In addition, the provider's plan of care indicates that delaying care until the end of the X. Given this, the requested X is not supported. There is no evidence of a X. There is no evidence of X. Hence, the requested X is not supported. Therefore, this request is not medically necessary.” Rationale for denial of X: X: “In this case, the requested X is not medically necessary Hence, the associated requests are not supported. Therefore, this request is not medically necessary.”

Per a reconsideration review / adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale for denial of X: “ODG notes that X. If knee instability persists after X, surgery is usually recommended. ODG notes that X. In this case, in discussion, X, stated that the claimant has a X is not recommended as it can cause further damage, X stated that the MRI did not show a X. Review of records indicate that the injury is only over a X and there is no evidence of X. Guidelines recommend X when there is X, As such, criteria for X are not met and X is not medically necessary. The records also do not reveal any X. Therefore, this request is not medically necessary.” Rationale for denial of X: “In this case, surgery is not medically necessary. Therefore, these associated requests are not medically necessary.”

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

In this case, X who was injured on X, when X.’ Guidelines recommend X, As such, criteria for X is not medically necessary. The records also do not reveal any X. Therefore, the requests for X are not medically necessary and the previous denial is upheld.

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Upheld

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ TMF SCREENING CRITERIA MANUAL

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ MILLIMAN CARE GUIDELINES

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ INTERQUAL CRITERIA

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE