IRO Express 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. X was working for X and stated that on the day of injury, X was X. The diagnoses were right knee pain (X) and unilateral primary osteoarthritis of the right knee / right knee degenerative joint disease (DJD) (X).

Per an operative report dated X, X underwent X performed by X., MD for the preoperative diagnosis of X. Postoperative plan was to use X. X was seen and evaluated by X, MD from X through X for the evaluation and management of right knee degenerative joint disease (DJD) and right knee pain due to insufficiency fracture of right femur following the work-related injury on X. X was treated with medications that included X would be considered and an X were recommended. On X, X was seen by X, MD for right knee pain rated X that radiated to the lateral and inferior aspect of the knee, associated with range of motion pain. The knee pain was aggravated by walking, running, bending, and twisting, and relieved by rest, compression, and medication. Physical examination of the right knee showed X. MRI revealed X. There was also advanced X. X-rays showed X in the knee. X had previously tried X. X had also been enrolled in X. Dr. X recommended X. X attended X from X through X for X diagnoses of right patellofemoral degenerative joint disease (DJD) and right knee pain. Per the X discharge summary dated X, X had presented to X with signs and symptoms consistent with right knee patellofemoral DJD and right knee pain. X had made objective improvements with strength, flexibility, and with body mechanics. Prior to the injury, X worked as a “X” that required a physical demand level (PDL) of Medium (X to X pounds). X continued to have lifting restrictions. Right knee pain continued to be rated X at rest and during activity. Examination of the right knee revealed decreased knee flexion at X degrees (normal X degrees) and knee extension X

degrees (normal X degrees). Strength testing revealed decreased strength at X with right hip abduction (X), right knee extension (X), and right knee flexion (X). There was moderate tightness and tenderness to palpation in the right hamstrings and tibiofemoral pain with AP glide. X had reached maximum benefit from X.

An undated MRI of the right knee revealed X. Undated right knee x-rays demonstrated significant X. X-rays of the right knee completed on X demonstrated X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The Official Disability Guidelines state that X. In this case, the claimant presents with right knee pain that radiates to the lateral and inferior aspect of the knee. The exam showed X. MRI revealed X. There is also X. X-rays showed X in the knee. They have previously tried the use of X. The provider recommended X. However, the official MRI or x-ray report was not submitted for review to support findings of X. As such, the medical necessity has not been established for the request for X."

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "The reconsideration for the X is not medically necessary and does not meet ODG criteria due to the submitted imaging report does not demonstrate the presence of X. Furthermore, failure of X has not been established. The patient has not attempted an appropriate course of X. No actual X records have been submitted for review. A peer review did occur and the provider stated the MRI report which again did not demonstrate any evidence of X."

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

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In this case, a X who was injured X. The diagnoses were right knee pain (X) and unilateral primary osteoarthritis of the right knee / right knee degenerative joint disease (DJD) X). The x-rays findings are X. The patient has X, particularly citing X. In addition, the patient underwent treatment X. The patient has X. The patient meets all ODG criteria, and the X is medically necessary, appropriate with determination overturned.

Overturned

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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