IRO Express Inc.

An Independent Review Organization
2131 N. Collins, #433409
Arlington, TX 76011
Phone: (682) 238-4976
Fax: (888) 519-5107
Email: @iroexpress.com

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

IRO Express Inc.

Notice of Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. The diagnosis was rupture of anterior cruciate ligament of left knee, complex tear of lateral meniscus of left knee as current injury.

On X, X, MD, evaluated X who presented for evaluation of X left knee. X had X. X did not remember hearing a pop, but X did have immediate pain and swelling. X had been using X. The pain was X throughout X knee. An MRI had been obtained and X presented for evaluation. On examination, X had an X. Left knee examination revealed X. Dr. X explained that X had X. X may continue to use X. X also had a X. Treatment options were discussed with X including X. The diagnoses were left knee pain, rupture of anterior cruciate ligament of left knee, and complex tear of lateral meniscus of left knee. X were ordered. On X, X was evaluated by X, PA-C / Dr. X. X had a torn left knee ACL and torn lateral meniscus and was X out from X injury. X had discussed X; however, it was denied. It was very important that X have a stable knee as X had to X. X felt the knee pain had gotten somewhat better, but X still felt very unstable and apprehensive. Left knee examination noted X. X felt X would benefit from X would like to go ahead with X. A X referral was given and X were prescribed.

An MRI of the left knee dated X, revealed X.

Treatment to date included X.

Per a utilization review / notice of adverse determination letter and peer review dated X, the request for X was denied by X, MD. Rationale for denial of X: “Per guidelines, ODG X. The submitted records do not indicate that the patient has attempted an X. The records reflect that the patient is still X. The records do not reflect that the patient has a X. The guidelines have not been met. Medical necessity cannot be established. Therefore, the request for X is non-certified.” Rationale for denial of X: “The request for X is non-certified.”

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 by MCG Last review/update date: X. ODG by MCG does not address the request for X. Peer reviewed literature cited X. The requested X is not medically necessary. The submitted medical records do not demonstrate that the patient has attempted an X. No X have been submitted for review. The guidelines have not been met. Medical necessity cannot be established. As the X is not medically necessary, the ancillary request is not indicated. Therefore, the appeal request for X is upheld and non-certified.” Rationale for denial of X: “As the appeal request for X was not supported, this related request for X is upheld and non-certified.”

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

The X is medically necessary and appropriate based on the current clinical indications and the provided guideline recommendations. The claimant sustained an X injury on X, with immediate severe left knee pain, swelling, inability to bear full weight, instability with weight-bearing, pain with rotational movement, and need for X. The X MRI documented a X. The orthopedic examination on X documented X. The claimant also works as a X and must X. The prior denial rationale cited lack of an appropriate course of X; however, the ODG X criteria require X. Therefore, X is not the only applicable route to authorization under the cited ACL guideline. The X is also supported because the MRI confirms a X. The x-rays showed X. Therefore, it is this reviewer’s opinion that the services in dispute to include X are medically necessary and the previous denials are overturned.

IRO Express Inc.

Notice of Independent Review Decision

Overturned

IRO Express Inc.

Notice of Independent Review Decision

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