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Notice of Independent Review Decision

DATE OF REVIEW: 07-27-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Certified by the American Board of Orthopedic Surgery
General Certificate in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury Date	Claim #	Review Type	ICD-9 DSMV	Service Units	Upheld/ Overturn
		Prospective			Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notice of Adverse Determinations (06-15-2007 & 07-08-2007)
 Physician Office Visits (04-13-2007, 05-21-2007, 07-05-2007)
 Emergency Room Visit
 Texas Workers' Compensation Work Status Report
 Physical Therapy Progress Report (05-10-2007)

PATIENT CLINICAL HISTORY:

This injured worker (IW) twisted her right knee at work and was evaluated that day in the Emergency Department of an acute care facility. The IW complained of mild to moderate right knee pain, a sensation of popping, and inability to bear weight on her right lower extremity. Her past history revealed an arthroscopy of this right knee “that has done well”. The initial right knee examination demonstrated pain, limited motion in this knee. X-ray was interpreted by the emergency room physician and subsequently by the specialist as showing no acute abnormalities. The diagnosis was right knee sprain, and the injured worker was sent home with Ultracet, splint, crutches, and R.I.C.E.

Two days later, the injured worker was evaluated by the treating physician who found limited range of motion in the right knee of 10° to 90° with stable ligaments and mild to moderate limp. The treating physician agreed with the initial diagnosis of knee sprain and recommended physical therapy, Naprosyn, Darvocet, and light duty work. The injured worker returned for follow-up visit on 05-21-2007, stating that she had improved with therapy and reported she does “work at her regular duty”. However, the physical evaluation revealed a small knee effusion, and the physician recommended to continue physical therapy. Subsequent physician visit of 07-05-2007, the IW complained of pain and examination again showed a small effusion with medial joint tenderness. The treating physician recommended an MRI of right knee.

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

Criteria: ODG (2007) knee protocol – ODG Physical Therapy Guidelines

The Reviewer concurred that no further physical therapy appointments are indicated at this time for this injured worker. This is consistent with ODG Guidelines, which “allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy”.

The Reviewer noted on 05-21-2007 visit that the injured worker had returned to her regular duty and apparently was able to do “power walking”. The physical therapy note of 05-10-2007 recommends discharge to a home exercise program.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)