

C-IRO, Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW:
JUNE 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3x a week for 4 weeks 12 sessions 97035, 97110, 97140

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

Provider Board Certified in Chiropractic Care

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request IRO form, IRO request and forms, TDI letter 6-18-2007, MRI report lt. knee dated 2-22-03, Operative report dated 4-7-03, Follow-up report Dr. 5-19-03 and 7-24-03, Work hardening assessment dated 6-19-03, FCE 6-20-03, RME dated 6-25-03, Psychiatric Evaluation 6-11-03, MMI/IR 10-17-03, Request for IRO 6-13-07, Pre-auth request advisory, Letter for reconsideration 2-9-07, Initial evaluation 3-12-07, Subsequent evaluation 4-5-07 and 3-8-07, Follow up Exam 8-1-03 and 3-14-03, Associated reports 5-5-03, 4-14-03, 3-14-03, 3-24-03, 4-4-03, 2-4-03, 3-4-03, 3-7-03, 12-5-03, 10-9-03, 9-12-03, 8-20-03, 8-22-03, Peer

review 4-18-03, Physical evaluation notes associated dates, CHC reports associated dates.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant injured his left knee. MRI of the knee dated 2/22/2003 revealed a tear of the posterior horn of the medial meniscus and joint effusion. On 4-07-2004, the injured employee underwent an arthroscopy repair and was placed into post-operative therapy. The injured employee eventually completed care and was assessed at MMI on 6-25-2003 and assigned a 1% IR by the Designated Doctor. The injured employee has been working with no complaints for the past several years and apparently the injured employee has not required any treatment in the past 3 years. It was reported that the claimant had an exacerbation while performing a home exercise from the date of injury. Additionally, there were records from a date of injury with injuries to the right wrist and hand.

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

The injured employee injured the left knee which eventually required arthroscopic repair. The injured employee underwent post-operative therapy and was eventually assessed at MMI and released to full duty work. The injured employee has been working full duty for the past 3+ years with no complaints and no treatment. The injured employee apparently sustained an exacerbation while performing home exercises. The Reviewer would agree with the other reviewers in this case that it is unlikely that the symptoms are related to the XX-X-XXX injury. This clinical setting for a request for physical therapy would not be in accordance with the ODG or ACOEM guidelines.

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)**