



IMED, INC.

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DATE OF REVIEW: 09/26/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Physical therapy three times a week for four weeks.

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

Texas License
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. X-ray of the left knee dated 06/28/07.
2. Physical therapy referral form dated 07/02/07.
3. Physical therapy evaluation dated 07/06/07.
4. Physical therapy progress note dated 08/01/07.
5. Follow-up with Dr. dated 08/02/07.
6. MRI of the left knee dated 08/03/07.
7. Initial utilization review dated 08/16/07 –physical therapy.
8. Appeal utilization review dated 08/31/07 –physical therapy.
9. Letter of medical necessity dated 09/07/07.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee sustained an injury to the left knee on xx/xx/xx when she fell at work. The claimant reportedly dislocated her patella, and immediate relocation occurred. Upon initial evaluation, the employee had diminished range of motion and could not fully weight bear. The employee was recommended for and completed ten sessions of physical therapy.

Due to persistent swelling, the employee underwent an MRI of the knee. Findings included intact ACL and PCL; however, patellar instability and persistent lateral subluxation of the patella.

The employee was subsequently allowed two additional physical therapy sessions.

At the time of the last follow-up on 08/16/07, the employee continued with significant joint and function limitations. The employee had popping and catching with walking, and active range of motion was decreased. A recommendation was made for additional physical therapy.

On 08/16/07, an initial review for medical necessity for physical therapy three times a week for four weeks was completed. This was non-certified by Dr. specializing in occupational medicine, on behalf of. Dr. denied the request for physical therapy due to lack of appropriate clinical information from the initial phase of care to compare the current findings. Dr. also noted he was unclear of the total number of physical therapy sessions completed to date. The *Official Disability Guidelines* were cited.

On 08/31/07, an appeal was filed. This was reviewed by Dr., an orthopedic surgeon, on behalf of. This reviewer opined two additional sessions of physical therapy would be warranted based on the Guidelines allowing up to twelve visits and the employee having only completed ten. Since he was unable to discuss a treatment modification with Dr., the requesting physician, the request was again non-certified.

Subsequently, Dr. has requested reconsideration through independent review organization. He is requesting twelve sessions of additional physical therapy to allow the employee to recover from her injury and meet established treatment goals or normal joint motion and strength and to return to previous level of functioning.

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

I would have to concur with the initial and appeal reviewers that noting the nature of the injury, the treatment to date to include sufficient supervised physical therapy as per evidenced based guidelines, objective findings on imaging studies, and current clinical presentation that shows significant improvement, the request for additional physical therapy is not medically necessary. If the decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. The *Official Disability Guidelines*