

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** September 5, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical therapy 3 times a week for 4 weeks (97113 - Aquatic therapy with therapeutic exercises).

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

Board Certified, Physical Medicine and Rehabilitation

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier include:

- Employer's First Report of Injury or Illness

- Employees Notice of Injury or Occupational Disease and Claim for Compensation, 12/3/96
- Search Match Report, 12/28/06
- Initial Medical Report, 10/2/96
- , 10/3/96
- Office Visit Record, 10/3/96, 10/7/96, 11/15/96, 12/15/97, 6/7/04, 10/28/05, 2/7/06, 5/8/06
- M.D., P.A., 10/24/96, 11/25/96, 12/10/96, 12/12/96, 12/17/96
- ., 10/24/96, 1/9/97, 1/30/97, 3/3/97
- , 10/25/96, 10/28/96, 10/29/96, 10/31/96, 11/4/96, 11/5/96, 11/6/96, 11/11/96, 11/12/96, 11/13/96, 11/19/96, 11/20/96, 11/22/96
- 11/15/96, 12/17/96, 11/21/05
- 11/20/06, 2/14/06, 2/28/06, 4/6/06, 11/20/06, 3/6/07, 6/19/07, 7/19/07, 8/7/07
- M.D., P.A., 11/20/96
- , 12/11/96, 12/27/96
- , 12/11/96
- Physical Therapy & Sports 12/18/96, 12/19/96, 12/20/96, 12/23/96, 12/24/96, 12/26/96, 12/30/96, 12/31/96, 2/5/97, 2/6/97, 2/7/97, 2/11/97, 2/12/97, 2/13/97, 2/18/97, 2/19/97, 2/20/97, 9/19/97
- Report of Medical Evaluation, 9/26/97
- Specific and Subsequent Medical Report, 12/17/97
- , 10/28/05
- , 2/14/06
- Physical Therapy, 2/16/06, 2/22/06, 3/2/06, 3/8/06, 3/9/06, 3/13/06, 3/14/06, 3/17/06, 3/22/06, 4/3/06, 4/4/06, 4/5/06, 4/19/06, 4/24/06, 4/27/06, 5/1/06, 5/3/06, 5/4/06, 5/16/06, 5/24/06, 5/25/06
- Corporation, 3/1/06, 7/2/07
- Center, 5/6/06
- Socratic Consulting, 5/21/06
- Inquiry Form, 12/28/06
- Official Disability Guidelines, 2007

Medical records from the Requestor include:

- 2/14/06, 2/28/06, 4/6/06, 11/10/06, 3/6/07, 6/19/07, 7/19/07, 8/7/07
- Physical Therapy, 2/16/06, 4/5/06
- Physical Therapy & Sports 6/22/07, 7/26/07

**PATIENT CLINICAL HISTORY:**

The patient is a female who has a long history of chronic right knee pain since a reported work injury. The patient has had previous multiple right knee surgeries, as well as a variety of conservative measures including previous physical therapy treatment. Per treating provider clinic note on July 18, 2007, there was crepitation noted as well as some mild quadriceps strength weakness. Full extension was noted with flexion to 120 degrees, and a varus orientation. Also per a July 18, 2007 note, the patient's diagnosis was listed as a right knee posttraumatic degenerative arthritis and additional physical therapy treatment was being requested including pool exercises for the right knee.

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

It appears, based on the available medical documentation, that the patient has a reasonably good overall functional level in the right knee. Also, since the patient has had prior extensive conservative measures including previous physical therapy treatment, additional physical therapy treatments at this point will not be of much added functional benefit for a chronic knee pain condition that is well past the acute stage of her injury. Rather, the patient should be proactive/compliant in doing her own home exercise program daily for long-term maintenance and conditioning, including for any periodic pain flare-ups. Therefore, per the available medical records and the Official Disability Guidelines, the requested additional physical therapy treatments, three times per week for four weeks to include aquatic therapy with therapeutic exercises, is not medically reasonable or necessary.

**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)**