



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision
REVISED DECISION
 (Statement removed from "Analysis")

Director of Operations

REVIEWER'S REPORT

DATE OF REVIEW: 04/03/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Nine sessions of physical therapy for the left knee.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology with Certificate of Added Qualifications by the American Board of Anesthesiology in Pain Management, in practice of Pain Management for over 20 years

REVIEW OUTCOME:

"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
8448	G0283		Prosp.	9					Upheld
8448	97110		Prosp.	9					Upheld
8448	97530		Prosp.	9					Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial 01/16/08 & 02/11/08, and criteria for denial (ODG)
3. Physical therapy evaluation 12/05/07 & PT referral 02/08/08
4. Physician follow up 01/16/08 & 02/20/08
5. Physical therapy progress notes 12/12/07 – 12/19/07 – 02/01/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This worker suffered a job-related injury. She was recuperating from right knee surgery and sustained a new injury to the left knee. A course of eleven physical therapy sessions have been provided. There is persistent effusion, and an orthopedic evaluation is pending.

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

ODG Guidelines specify twelve weeks of physical therapy, of which the patient is only one session short of having received. Therefore, it is not reasonable or necessary to continue physical therapy. The patient should be able to perform quadriceps strengthening and range of motion exercises at home.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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