

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: APRIL 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy three times a week for four weeks, twelve sessions.

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

M.D., board certified Orthopedic Surgeon

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

Adverse Determination Letters, 1/21/08, 2/14/08
Official Disability Guidelines, knee chapter; ODG Physical Therapy Guidelines
Sports Therapy Institute, 1/17/08, 1/14/08, 12/28/08, 1/30/08
MD, 2/13/08, 1/2/08, 11/28/07, 8/31/07, 10/10/07, 10/31/07, 9/24/07, 9/21/07, 9/24/07,
9/25/07, 9/26/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female with an injury in xx/xxxx. She underwent what apparently was a distal pole of the patella excision with patellar tendon repair at Hospital. She was in a knee immobilizer and went to physical therapy and had restricted motion. She then underwent open arthroscopy with arthroscopic manipulation, which improved her range of motion at least 20 degrees. She apparently had full extension of her knee. Heterotopic bone was found on surgical evaluation. She is reported to have had 44

treatments of physical therapy. Her last surgical procedure was on 09/24/07, which would be at least six months ago.

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

The ODG Guidelines and generally accepted medical treatment principles recognize the usefulness of physical therapy for the first six to twelve weeks post surgery. According to the ODG Guidelines, there should be fading of treatment frequency from three visits per week to one or less with a self-directed home physical therapy program. The ODG Guidelines specifically addresses fracture of the patella and indicate that 30 visits over a period of twelve weeks is appropriate. Since the patient is now 24 weeks post injury, physical therapy at this time would no longer be considered appropriate. Furthermore, she has undergone considerable postoperative therapy already, and there has been inadequate evidence of ongoing benefit to justify continued therapy outside the usual treatment guidelines. The reviewer finds that medical necessity does not exist for physical therapy three times a week for four weeks, twelve sessions.

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)**