

# Applied Assessments LLC

An Independent Review Organization  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** 04/10/08

**IRO CASE #:**

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

Physical therapy three times a week for three weeks on the right knee

### **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)

Upon independent review the reviewer finds that the requested Physical Therapy three times a week for three weeks is not medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Adverse Determination letters, 03/18/08, 03/17/08, and 02/27/08
2. ODG Guidelines and Treatment Guidelines
3. M.D., 02/18/08, 01/21/08, 01/16/08, 01/11/08, 01/09/08, 01/02/08, 12/27/07, 12/06/07, 11/15/07, 04/09/07, 03/13/07, 03/12/07, 02/09/07, 01/09/07, and 12/12/06
4. Dr. M.D., 01/09/08
5. P.T., 02/21/08, 02/19/08, 02/14/08, 01/23/08
6. 02/01/08

7. M.D., 01/18/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a female who underwent right knee arthroscopy with partial medial and lateral meniscectomies. She had completed thirteen postoperative therapy treatments during an approximately eight-week period, terminating on 02/21/08. There was no documentation of the current functional status. Based on the ODG Guidelines, she has exceeded the recommended amount of continued formal therapy. Medical records do not indicate any untoward postoperative problems.

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

Based on the medical records provided, the patient appears to have had an uneventful knee arthroscopy and meniscectomy with expected progress in the postoperative period. She has already exceeded the ODG Guidelines concerning recommendations for physical therapy, which are twelve visits over a period of twelve weeks. She has indeed progressed well post surgery and post rehabilitation, and the medical records do not support medical necessity for ongoing physical therapy services outside the recommended ODG Treatment Guidelines. That is to say, there is nothing within the medical record that would indicate that this reviewer should find exception to the 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)