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Notice of Independent Review Decision

DATE OF REVIEW: 08/01/2008 AMENDED DECISION 08/12/2008 AMENDED DECISION 081508

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 2 x 4

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery,Neurological Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

☒ UPHELD

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Physical Therapy 2 x 4		-	

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old male who is employed as a who injured his left knee on xx/xx/xx when he slipped and twisted it. On the date of injury the patient was attempting to gain control of a dog. The patient subsequently underwent an anterior cruciate ligament repair and a lateral meniscectomy on 04/24/07. Postoperatively the patient is reported to have undergone 28 sessions of postoperative physical therapy. The most recent clinical record is dated 04/10/08. The patient presents for evaluation. He is status post ACL reconstruction in 04/2007. He is reported to have been doing some running activities and is having some discomfort along the medial aspect of the knee. He is requesting some physical therapy and a release from running with alternative exercise. On exam he is alert and oriented to person, place and time. He has minimal to no effusion. He is stable to varus/valgus stress. There is no anterior posterior drawer test, Lachman or pivot. Quad/hamstring strength is graded as 5/5. He has some mild tenderness over the medial joint line. The patient was recommended to take anti-inflammatories. He was allowed to return to full duty as a but he will be restricted in his running for PT training. He can substitute a stationary bike or substitute the elliptical. He is to return to clinic in 6 weeks if he is not better.

The record contains a utilization review determination dated 04/24/08. This review was authored by Dr. who finds additional physical therapy is not medically necessary. He notes the patient has had 24 sessions of supervised physical therapy and had progressed to a home exercise program. The case was reviewed on 05/12/08 by Dr. . Dr. notes that the request is outside of ODG guidelines and notes that the patient has had 28 total sessions of postoperative physical therapy. He again recommends that the patient participate in a daily self-directed home exercise program.

Medical records reviewed:

1. Medical records Dr. dated 04/10/08
2. Letter of appeal , PT
3. Utilization review determination dated 04/24/08
4. Utilization review determination dated 05/12/08

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

Items in dispute: Physical therapy 2 x 4
I would concur with the previous reviewers in that physical therapy 2 x 4 is not medically necessary. The records indicate that the patient is a xx year old who sustained an injury to his left knee which resulted in ACL reconstruction and meniscectomy. The patient has had 28 sessions of postoperative physical therapy and the records suggest he has returned back to work. As a the patient is required to have a high level of physical fitness and the records indicate that he is required to take a physical fitness test which he may not be adequately prepared for. It is unlikely that further supervised physical therapy would be of any benefit to the patient given his most recent examination.

1. The Official Disability Guidelines, 11th edition, The Work Loss Data Institute.
2. The American College of Occupational and Environmental Medicine Guidelines; Chapter 13.

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

ODG
The American College of Occupational and Environmental Medicine Guidelines; Chapter 13