



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: December 12, 2008

IRO Case #:

Description of the services in dispute:

Items in dispute: Physical therapy, codes #97110, #97116, #97112.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons, the Arthroscopy Association of North America and the American Shoulder and Elbow Association. This reviewer has been in active practice since 2000.

Review Outcome

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

Overtaken

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medical necessity is established for the requested 12 physical therapy visits, codes #97110, #97116, and #97112.

Information provided to the IRO for review

Records from the State:

Company Request for IRO

Request for Review by an Independent Review Organization

Records from the Provider:

Review fax coversheet, 10/23/08

Pre-Authorization Worksheet, 11/4/08

Preauthorization request

Pre-Authorization Worksheet, 10/21/08

Preauthorization Request – Notice of Non–Authorization, 11/8/08
Preauthorization Request – Notice of Non–Authorization, 10/24/08
E–mail from to and , 10/21/08
Preauthorization Request, 10/21/08
Initial Report, , DC, MD, 10/20/08
ODG treatment guidelines
Therapy Referral –
MRI Right Knee report, 9/23/08
Office notes, , MD, 10/8/08, 10/29/08
Physician Advisor Pre–Authorization Response Form, , MD

Patient clinical history [summary]

DOI: xx/xx/xx The patient is xx year–old female with complaint of bilateral knee and right wrist pain. She tripped on some stairs and fell on both knees as well as injuring her right wrist trying to break her fall. She has minimal joint effusion and no tear of the medial meniscus of the knee. Lateral Meniscus, and other vital ligaments of the knee are all normal. MRI shows no injury and no joint instability. She has proven weakness and point tenderness with a complaint of knees locking. Her pain is described as sharp/dull and constant. Right knee flexion 90 degrees, and extension 5. Left flexion is 90, and extension is 2. Right wrist flexion is 50 and extension is 50. The right knee is positive for Varus test and McMurray's test. Evaluation of the right wrist produced positive Tinel's test. There was significant point tenderness to palpation at the anteromedial aspect of both knees and at the ulnar styloid of the right wrist.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The request for physical therapy is medically necessary. The patient had a note from the treating Dr. and the chiropractor indicating the PT plan to include passive and active modalities with gait training, therapeutic exercise and neuromuscular education. These are allowable to restore ambulation and strength and motion to the knee after a contusion injury. ODG allows for 12 visits for a knee sprain. Therefore, the therapy is allowable per ODG.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG: Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):
Medical treatment: 12 visits over 8 weeks

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