

Notice of Independent Review Decision

DATE OF REVIEW:

12/16/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Conditioning Program

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME

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

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.

The requested Work Conditioning Program is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old that underwent a post anterior cruciate ligament (ACL) reconstruction on his knee and twelve sessions of work conditioning as of 11/12/2008. As of 10/06/2008 the injured individual had completed 34 physical therapy sessions. His strength was rated as 4/5 for the quadriceps strength. There is recorded pain with going up steps and instability in the knee secondary to limited active range of motion (AROM). His recent range of motion of the knee as of 11/04/2008 is full extension and flexion nearing 130 degrees. His job description which is a describes advanced physical ability for climbing, lifting etc.

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

Work Conditioning is designed to return the injured individual functionally to full duty capacity. Work Conditioning refers to intensive therapy offered three hours a day for a specific number of days per week. Work conditioning can be done with physical therapy and/or home exercise programs. Per ODG guidelines for the knee in regards to post surgical treatments for ACL tears, it indicates a total of up to 34 visits over 16 weeks as reasonable. At this point in time the injured individual has completed 34 physical therapy visits of physical therapy. There is no information concerning the injured individual's home exercise program and why the injured individual cannot use this to improve strength with monitoring of the condition.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES