



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: February 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy three times per week for four weeks status post quadriceps tendon repair, left knee.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D. degreed Board Certified Orthopedic Surgeon with extensive experience in the evaluation of injured individuals.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI forms including request for IRO.
2. URA forms.
3. Denial letters dated 12/10/2007 and 01/14/2008.
4. Dr. clinical notes 07/31/2007, 09/25/2007, 12/04/2007 and 01/08/2008.
5. Diagnostics evaluation 10/17/2007.
6. Wellness Centers daily treatment reports, multiple.
7. Operative report, 08/27/2007, repair of quadriceps tendon rupture.
8. ODG guidelines were not presented by the carrier.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male suffered an injury to his left thigh. When he was stepping out of his truck he felt a pop. The date of injury was xx/xx/xxxx. A diagnosis of quadriceps

tendon rupture was made and a surgical repair was performed 08/27/2007. In the postoperative period the patient has already completed 24 sessions. Additional physical therapy has been requested for preauthorization.

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

Previous reports and Diagnostics reports have demonstrated a near full range of motion of the knee and a near full restoration of strength. The exact reasoning for the request for additional physical therapy is not clear and in light of the previous physical therapy programs should not be approved at this time. The patient should be transitioned into a home exercise program.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- X_ODG-Official Disability Guidelines & Treatment Guidelines, knee chapter, Page 855; physical therapy after surgery for the knee is recommended for 12 visits over 8 weeks. Additional physical therapy to be on the basis of justification and demonstration of benefit.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)