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Notice of Independent Review Decision

MARCH 31, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
PHYSICAL THERAPY

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

D.O. Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

- | | | |
|-------------------------------------|---------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Upheld | (Agree) |
| <input type="checkbox"/> | Overtured | (Disagree) |
| <input type="checkbox"/> | Partially Overtured | (Agree in part/Disagree in part) |

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Table of Disputed Services

Determination Letters: 2/27/08; 3/5/08; 3/8/08; 3/11/08

Medical Records: D.O.; 10/10/07 – 2/20/08

Medical Records: M.D.; 8/11/06 – 9/20/07

Physical Therapy Notes: 12/5/07-2/12/08

PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:

This case involves a xx year old male who in xx/xx was involved in a motor vehicle accident while working. Patient injured his left knee. He underwent arthroscopic knee surgery in 1997, which relieved some pain, however, his pain has progressed over the subsequent several years. Patient has had multiple steroid injections in the left knee, which failed to provide any lasting relief. He underwent left total knee replacement on 11/1/07 and then underwent home physical therapy followed by outpatient physical therapy. Thirty-six visits of physical therapy were completed. Continued outpatient physical therapy visits have been requested and denied.

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

I agree with the benefit company's decision to deny the requested physical therapy services. Patient is now more than 3 months post total knee replacement. He has undergone 36 visits of physical therapy and is stated as being compliant with his home exercise program. His range of motion is described as 3-1/10 degrees of flexion by his surgeon and 0 at a 95 degrees of knee flexion by the physical therapist. There is no extensor lag or contractors. The patient is currently not working and is retired. Patient should continue his home exercise program, which will gradually improve his strength and flexibility. The medical necessity for continued formal, supervised physical therapy over a home exercise program is not documented in the clinical notes.

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)**