



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

DATE OF REVIEW: March 24, 2008

IRO Case #:

Description of the services in dispute:

Denied for medical necessity: Items in dispute: Physical therapy.

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:

Upheld

Denied for medical necessity: Items in dispute: Physical therapy.

The request for physical therapy is not medically necessary.

Information provided to the IRO for review

FROM THE STATE OF TEXAS:

Confirmation of receipt of a request for a review by an IRO 3/10/08 – 1 page

Company request for IRO 3/10/08 – 4 pages

Request form for IRO review 3/5/08 – 2 pages

Letter from RN – 3 pages

Letter from RN 3/4/08 – 3 pages

FROM THE URA:

History and physical 2/12/08 – 2 pages

Therapy referral 2/12/08 - 1 page

Initial evaluation 2/19/08 - 3 pages

Notice of case assignment from Texas Department of Insurance 3/11/08 - 1 page

Texas Department of Insurance information sheet for IRO - 1 page

Patient clinical history [summary]

The patient is a xx year old female who had prior arthroscopic treatment for a meniscus tear and chondral damage in 2003. The patient has recurrence of pain with tenderness at the patellofemoral joint. There are no deficits in motion or strength.

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

The request for 12 visits exceeds the ODG guidelines. The physical therapy is allowable per ODG - 9 visits. Therefore, the request exceeds ODG. The therapy is necessary to re-educate the patient on proper home exercises and to reduce pain and improve function.

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

ODG knee

1365801.1

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