

## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/6/2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Therapeutic exercises, neuromuscular reeducation, manual therapy, application of a modality to one or more areas; hot or cold packs, electric stimulation therapy, and aquatic therapy/exercises (97110, 97112, 97140, 97010, 97014, 97113)

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 2006 and Pain Management since 2006.

**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"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Therapeutic exercises, neuromuscular reeducation, manual therapy, application of a modality to one or more areas; hot or cold packs, electric stimulation therapy, and aquatic therapy/exercises (97110, 97112, 97140, 97010, 97014, 97113) Upheld

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a xx year old female who presented with left knee pain. The notes provided state that the injured employee is unable to walk over 1 city block, drive for longer than 1 hour, or stand for over 10 minutes due to pain. She is status post meniscal tear and repair, dated 5/29/2008.

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

The injured employee is a xx year old female who presented with left knee pain. The notes provided state that the injured employee is unable to walk over 1 city block, drive for longer than 1 hour, or stand for over 10 minutes due to pain. She is status post meniscal tear and repair, dated 5/29/2008. She has completed 12 sessions of PT to date in the post op period. The injured worker is still exhibiting pain when standing/walking and weakness about the knee in the quadriceps. The recommendation was for 12 more physical therapy sessions to address existing functional deficits.

ODG recommends 12 physical therapy sessions for post op meniscectomy, which the patient has had. She is still with functional deficit. There is a medical necessity for additional physical therapy however the requested 12 sessions is excessive and not considered medically appropriate without an interval follow up by the treating physician to evaluate effectiveness of the additional therapy sessions. At this point, the injured worker should be progressing to independence with an HEP and therapy and should be focused on trouble shooting existing deficits and emphasizing independence. The request is deemed not medically necessary and thus the previous denial is upheld.

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

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  
**X** 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)