

IRO Express Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: September 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Active Therapy 2 X 4

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Residency Training PMR and ORTHOPAEDIC SURGERY

Subspecialty Board Certified in Electrodiagnostic Medicine

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 7/17/08 and 8/13/08

Records from Health Center: 4/9/08 thru 8/18/08

PPE 4/18/08

MRI 5/5/08

Records from Dr. 4/23/08 thru 8/8/08

Records from Ortho 10/11/07 thru 3/10/08

MRI's 8/29/07, 9/24/07, 3/28/08

Records from Dr. 9/7/07 thru 3/29/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old (obese) woman with a history of right knee injury on xx/xx/xx. She subsequently underwent a medial meniscectomy (11/14/07) with postoperative therapy. She was found to have chondromalacia patella at the time. She had ongoing postoperative therapy 2-3 times a week for a total of 24 sessions. She remained symptomatic with a feeling of tightness, pressure and sharp pain in the knee going to her right foot. She reportedly had some right lower extremity weakness. Her exam showed 0-90 degrees on range of motion studies on several occasions. She had reported positive Appley distraction and compression tests, pain with patella grind and pain on varus stress. A post op MRI done May 5, 2008 showed the postoperative partial medial meniscectomy and degenerative changes with a possible new tear, a lateral meniscal tear and chondromalacia patella.

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

The therapy following knee surgery is designed to regain motion, muscle mass, coordination and reduce patella pain. The ODG advises a maximum of 12 visits over 12 weeks. This lady remains symptomatic after 24 sessions. It is unlikely that she would improve further with additional therapy twice a week for another 4 weeks. The non-operative treatment would not likely regain further knee motion as she has functional motion now. The retropatella pain is treated with exercises that should be part of a home self directed program, (what the ODG recommends), that she learned earlier. This would also involve improving her pain control.

ODG Physical Medicine Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

..Medical treatment: 9 visits over 8 weeks

Post-surgical (Meniscectomy): 12 visits over 12 weeks

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 KNOWLEDGBASE
- 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)**