

SENT VIA EMAIL OR FAX ON
Apr/07/2009

P-IRO Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

Amended Apr/09/2009

Date of Notice of Decision: Apr/07/2009

DATE OF REVIEW:

Apr/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Post Op PT left knee 2 X wk X 2 wks; Post Op Manual Therapy Techniques Left Knee 2 X wk X 2 wks

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

Board Certified Orthopedic Surgeon

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

Radiology Report: 05/22/08

Emergency Department Record: xx/xx/xx

Office Note, Emergency Care Center: xx/xx/xx, xx/xx/xx

Therapy Note: 05/30/08, 06/05/08, 12/18/08, 01/23/09, 01/23/09, 01/30/09, 02/02/09, 02/04/09, 02/05/09, 02/06/09 and 03/02/09

MRI Report: 06/12/08

Office Note, Dr. 06/18/08, 09/15/08, 10/21/08, 11/03/08, 12/08/08, 12/22/08, 01/19/09, 02/16/09, 03/02/09 and 03/16/09

Letter, Dr. 06/27/08

Letter, Dr. 07/02/08

Dr. 08/20/08

Operative Report: 10/23/08
Letter, 02/18/09 and 03/05/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who twisted her left knee on xx/xx/xx. Initial radiographs on 05/22/08 were normal. She was seen in the emergency department and reported inability to weight bear. The claimant treated with Lortab, knee immobilizer and crutches. She attended physical therapy with some improvement and returned to light duty. She continued to report a giving way sensation in the knee. MRI evaluation on 06/12/08 noted a large displaced medial meniscus tear. She continued to report severe medial joint line tenderness, small effusion and positive McMurray's. The claimant underwent cortisone injection on 06/18/08 and continued to require crutches. The claimant underwent left knee arthroscopy on 10/23/08 with intraoperative findings of a complex posterior one-third medial meniscus tear. The remainder of the joint was within normal limits. The claimant was unable to complete her postoperative home exercises and physical therapy was recommended on 11/03/08. The claimant attended twelve postoperative sessions of therapy; however, they appeared to be between two different facilities and the claimant indicated she did not note any improvement until she treated at the second facility. The claimant reported a decline was physical therapy was done. On 02/06/09 a therapy note indicated and extension lag of three degrees with strength at 4/5. Dr. saw the claimant on 02/16/09 and noted quadriceps atrophy with continued pain and popping. Additional therapy was recommended and denied. On 03/02/09 Dr. noted continued weakness and inability to step up with the left leg. The claimant indicated she was able to use stationary bike while in therapy but since stopping she had increased stiffness and weakness. Dr. continued to note quadriceps atrophy. On therapy note dated 03/02/09 indicated the need to continue therapy and on 03/05/09 therapy twice a week for two weeks was denied. Dr. has continued to recommend physical therapy two times a week for two weeks.

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

Further therapy cannot be justified at this time for this claimant.

The claimant is now months postoperative from a knee arthroscopic surgery. The claimant reportedly only lacks a few degrees from full extension, and therapy has apparently been requested for weakness of the quadriceps.

Quadriceps weakness is common with knee surgery and often takes several months to recover. Patients typically transition to a home exercise program within three to four months after surgery as **recommended by the ODG**. This claimant has received 12 postoperative therapy sessions, and further therapy would exceed evidence-based guidelines. The claimant is felt to be capable of a home exercise program at this time as **recommended by the ODG**.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Knee- Physical Therapy

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.

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-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)