

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Extension, physical therapy, right knee, 12 sessions

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 7/15/09, 7/23/09
Letter from , 8/3/09
, 6/10/09, 7/13/09, 6/30/09, 6/26/09, 6/23/09,
6/18/09, 6/10/09
Knee Evaluation, , 6/10/09
, 6/1/09, 7/2/09, 6/1/09 (Letter),
7/2/09 (Letter)
Knee Progress Note/Discharge Summary, 6/30/09
Patient Daily Treatment Record, 6/10/09-7/1/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year old who twisted and injured his knee on xx/xx/xx. Dr. saw him initially on 6/1/09 and described an MRI with a tear of the ACL and strain of the medial collateral ligament with a bone bruised. He was started on PT that ended on 7/2/09. Dr. wrote, "He has not had any significant episodes of instability. He is utilizing a brace at this time." The plan was to continue strengthening his knee and avoid surgery. The therapist at initially saw him on 6/10/09 and the last note was on 7/1/09. He had improved motion and strength. He was walking greater distances. The therapist wrote that he had met his goal of being independent with the home exercise program. On 7/2/09, Dr. noted the patient was improving "significantly" and not having appreciable mechanical symptoms. "I do not foresee

him at this time requiring operative intervention unless his symptoms were to change appreciably.”

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

This man is independent with the home exercise program per the therapist on 7/1/09. He has reduced his symptoms per Dr. to the point that surgery is not being considered. The ODG emphasizes the need for a home program rather than ongoing therapies. He has reached the anticipated goals of reduced pain, improved strength and motion that require formal supervision. The ODG allows 12 therapy sessions over 8 weeks. The claimant has completed the 12 sessions. There is nothing in the record to support the need for the extension of a formal therapy program at this time. The request does not conform to the ODG criteria. The reviewer finds that medical necessity does not exist for Extension, physical therapy, right knee, 12 sessions.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)