

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy, Left Knee, 3x/week x 4 weeks, 97530, 97110

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

M.D., board certified in Orthopedic Surgery

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, 10/26/09, 11/3/09
PT, 10/21/09
MD, 10/14/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female with a date of injury of xx/xx/xx. According to the records, she sustained a patellar fracture while at work. The patient underwent open reduction internal fixation and then subsequent hardware removal apparently on 10/21/09. Post hardware removal, the patient received twelve treatments of physical therapy. The patient was discharged to return to regular duties on 11/01/09.

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

The physical therapy records of the left knee show that the patient has range of motion of 0 degrees to between 98 to 105 degrees of flexion. At the last visit, there was improvement over the previous range of motion of 09/21/09. The patient was stated to have no extensor lag and was able to stand on the lower extremity without problems. Unilateral standing balance was without problem. The girth of the muscles revealed on the right above the joint line 44 cm and 44.2 cm on the left. Based upon these measurements, there is clearly functional range of motion and no significant wasting. The Official Disability Guidelines recommend ten physical therapy visits over eight weeks post patella surgery. The request for

12 additional sessions of physical therapy exceeds the number of sessions recommended in the Official Disability Guidelines and Treatment Guidelines. The treating physician has not explained why it is that the Official Disability Guidelines and Treatment Guidelines should be overturned in this instance, particularly given what appears to be an excellent recovery from the fractured patella and hardware removal. It is for this reason that the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for Physical Therapy, Left Knee, 3x/week x 4 weeks, 97530, 97110.

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)