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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eight (8) Outpatient physical therapy (PT) sessions to the left ankle and left knee consisting of therapeutic exercises, manual therapy and neuromuscular re-education with no more than four (4) units per session

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

M.D., 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

ODG Guidelines and Treatment Guidelines

Untitled Documentation, 05/07/09

Daily PT Progress Notes: 05/07/09 through 09/30/09

MRI Lt. Knee, 05/30/09

MRI Lt. Ankle, 06/01/09

Office note, PA-C, 06/22/09, 10/05/09, 10/13/09, 10/27/09

Office note, Dr. 06/22/09

Prescription, 06/25/09

Ankle Evaluation, Ortho and Sports Med, 07/21/09

Knee Evaluation, Ortho and Sports Med, 07/21/09

Physical Therapy Daily Treatment Notes, 07/21/09, 09/14/09-10/15/09,

Office note, Dr. 08/06/09

PT Progress report, 10/14/09

Peer review, Physician Unknown, 10/20/09, 10/29/09

Active Rehab Treatment Sheet: 06/23/09

Chiropractic – Exercise Record: 06/23/09

MRI Lumbar Spine: 09/19/09

Letter of denial to Claimant: 10/20/09; 10/29/09

PATIENT CLINICAL HISTORY SUMMARY

This female sustained a slip and fall with twisting injury to her left ankle and left knee on xx/xx/xx. Records listed a diagnosis of left ankle sprain and bone bruise as well as a sprain, tendon tendinosis and semimembranosus tendinitis of the left knee and a distal femur lesion all confirmed with MRI findings of the left knee and left ankle. An orthopedic evaluation revealed findings of pain with McMurray testing and along the medial joint line as well as over the area around the semimembranosus/semitendinosus structures in the left knee with full range of motion.

She had mild swelling in the left ankle with pain at the end range of inversion, dorsiflexion and plantar flexion but with functional range of motion without ligamentous instability. Conservative care included ice, rest, Ibuprofen, Hydrocodone, activity modifications and bracing of the left knee and ankle.

A physical therapy evaluation of the left knee and ankle completed on 07/21/09 revealed impairments in active range of motion and strength along with a dysfunctional gait and pain. Physical therapy initiated on 09/14/09 with the claimant attending 12 sessions. The 10/14/09 progress report revealed increased active range of motion and an improved gait in both the left ankle and knee with continued loss of range of motion and a mild antalgic gait. She was progressing toward but still not independent in her home exercise program. An additional 8 physical therapy sessions were requested to address the continued impairments.

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

This claimant is now nearly xxxx months out from the injury in question. The MRI studies of the knee and ankle do not reveal any concerning diagnosis. Physical therapy was started in the spring of 2009, with at least 12 sessions completed according to the records. A report of 10/14/09 indicated that twelve visits had been completed at that date.

The ODG Guidelines for ankle and foot sprain and for sprains and strains of the knee and leg would allow for nine and twelve visits. Ankle and foot sprain would allow for nine visits over eight weeks. Sprain and strains of the knee and leg would allow for twelve visits over eight weeks. Clearly in this case the recommendation for additional therapy would not only exceed the number of therapy visits in the guidelines but is also considerably beyond the normal eight week treatment interval. Based on the guidelines and records provided, the reviewer is unable to recommend as medically necessary the proposed additional eight visits of outpatient physical therapy. The reviewer finds that medical necessity does not exist for Eight (8) Outpatient physical therapy (PT) sessions to the left ankle and left knee consisting of therapeutic exercises, manual therapy and neuromuscular re-education with no more than four (4) units per session.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates:
Ankle/Foot and Knee/Leg – Physical therapy

ODG Physical Therapy Guidelines: Allow for fading of treatment frequency plus active self-directed home PT.

- Ankle/foot Sprain: Medical treatment: 9 visits over 8 week
- Sprains and strains of knee and leg: Medical treatment: 12 visits over 8 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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