



**DATE OF REVIEW:** 07/02/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Health club membership (YMCA)

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment and rehabilitation of patients who have suffered knee injury

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. ZRC forms
2. TDI forms
3. Denial letters dated 06/01/09 and 06/09/09
4. URA records
5. Preauthorization request received 05/22/09
6. Prescription illegible
7. Certificate of medical necessity, 05/22/09
8. Fax cover
9. Clinical notes, eleven records between 08/11/08 and 05/22/09
10. Partially legible TWCC Form 73, 02/12/09
11. Physical therapy notes, nine records between 11/07/08 and 02/27/09
12. Computer range of motion measurements, right knee.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This male suffered a slip-and-fall and twisting injury to the right knee on xx/xx/xx. Subsequently he had an MRI scan, which revealed a partial ACL tear. He underwent a

right knee arthroscopy for internal derangement of the knee. Subsequent to the arthroscopy, he was rehabilitated in a standard form of physical therapy. He was authorized to return to work on 02/09/09. A subsequent request for health club membership to the YMCA. It was submitted, denied, reconsidered, and denied.

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

It would appear that the patient has been adequately rehabilitated. He was discharged into a home exercise program. There is no specific stated reason for the health club membership. He is able to perform a home exercise program without impediment. His progress in rehabilitation has been sufficient to allow him to return to work. It appears that the prior denials for the membership in a health club were appropriate and should be upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)