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DATE OF REVIEW: 06/08/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Physical therapy three times a week for four weeks.

A 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 determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Orthopedic Surgery Group, 04/27/09 through 04/29/09
2. Direct, 05/12/09 through 05/19/09
3. denials, 05/13/09 through 05/20/09
4. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

Records submitted for review indicate the employee injured his left knee on xx-xx-xx.

On 03/12/09, the injured employee underwent arthroscopic left partial medial meniscectomy and followed with twelve sessions of physical therapy from 03/30/09 through 04/27/09.

The last medical evaluation was conducted at Surgery Group on 05/27/09.

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

Official Disability Guidelines recommend physical therapy for postsurgical treatment, including twelve visits over twelve weeks. This employee has apparently received twelve treatments over one month.

The physical therapist reevaluation on 04/27/09 noted mild swelling of the left patella and a subjective complaint of pain on the stairs. He also had a mild limp to the left side. Range of motion of the left knee was essentially normal and strength of the left knee was good. The therapist noted the employee seemed to be doing well and making progress towards the initially documented therapy goals.

There was no additional documentation provided. Without an additional physician examination, there are no indications for additional physical therapy. This employee has already received his **Official Disability Guidelines** recommended treatments, and any additional physical therapy would be excessive. Again, the principle reason for non-certification is the presence of previous physical therapy sessions and no additional physician documentation as to medical necessity.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. ***Official Disability Guidelines***