

SENT VIA EMAIL OR FAX ON
Jun/24/2009

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW:

Jun/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 2-3 X week X 4 weeks

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 determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Office notes, Dr., 2/27/09, 03/24/09, 04/21/09, 05/12/09

MRI left knee, 3/5/09

PT notes, 3/26/09, 03/30/09, 04/16/09, 04/24/09

Peer Review, 4/28/09, 05/20/09

PATIENT CLINICAL HISTORY SUMMARY

This claimant, a male, developed left knee pain on xx-xx-xx after jumping an eight-foot fence. On initial evaluation, there was swelling with limited range of motion, tenderness at the medial joint line and pain primarily along the patellar tendon. MRI on 03/05/09 revealed a large partial thickness tear at the insertion of the patellar tendon with fluid collection directly posterior to the insertion displacing Hoffa's fat pad most compatible with hematoma. There was diffuse tendinosis throughout the patellar tendon as well as bone marrow edema at the inferior pole of the patella. Mild insertional quadriceps tendinosis and a grade I medial collateral sprain pattern was noted. Physical therapy was initiated and the claimant completed twelve sessions with noted benefit. A recent office note from 05/12/09 noted full motion in the knee with no reported tenderness. The claimant was released to dull duty work. The request for additional therapy was submitted for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

This young male completed an appropriate amount of therapy with documentation of improvement in pain reduction, motion, and strength. He should be well versed in a home exercise program and the records indicated the claimant was doing some running on his own in April. There is no indication that the claimant presents as an outlier to the recommended amount of therapy noted in the Official Disability Guidelines for the diagnosis provided. The claimant returned to full duty work status and should be capable of performing an independent home exercise program for continued strengthening as recommended by the ODG.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, Knee and Leg

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5)

Medical treatment: 9 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)