

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: March 27, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy for left knee/leg

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

E-mail (02/16/09)
Utilization reviews (02/18/09 - 02/26/09)

TDI

Utilization reviews (02/18/09 - 02/26/09)

ODG criteria have been used for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured in xx/xxxx when she twisted and her knee gave out on her. She aggravated her knee on xx/xx/xxxx, when her knee collapsed on her.

In February 2009, M.D., an orthopedic surgeon, evaluated the patient for left knee pain and pain and weakness in the leg. The patient had recently undergone a series of three Synvisc injections. Examination revealed left knee medial joint line pain and tenderness. He recommended nine sessions of physical therapy (PT).

On February 18, 2009, M.D., denied the request for 9 sessions of PT with the following rationale: *"Patient has left knee pain from an injury sustained on*

xx/xx/xxxx. Patient has had conservative treatment in the past and had a recent injection. The notes do not explain the quantity of PT requested. This request is not supported by the ODG knee PT guidelines.”

On February 26, 2009, M.D., denied the appeal for 9 sessions of PT with the following rationale submitted: “documentation reveals that the claimant complains of left knee pain. Physical examination reveals slight tenderness to pressure on the medial aspect of the left knee, slight tenderness in the superior lateral part of the left knee joint, and full range of motion. Claimant has had cortisone injections with benefit in the past and it is noted that Synvisc injections have been recommended. Current request for physical therapy 3 times a week for 3 weeks. Claimant is months post injury and should be independent in a well established home exercise program. There is no expectation that additional PT will provide significant benefit at this time.”

No further information is available.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. BASED ON THE RECORDS RECEIVED THIS INJURY OCCURED MONTHS PRIOR TO THE REQUESTED SERVICES AND HAD ALREADY COMPLETED CONSERVATIVE CARE. ODG DOES ALLOW ONE TO TWO POST INJECTION THERAPY SESSIONS, BUT NOT NINE THEREFORE THE DECISION IS UPHELD.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES