

Clear Resolutions Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A

Austin, TX 78726

Phone: (512) 772-4390

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy not to exceed 3 or 4 modalities/procedural units in total per visit and limiting the total length of each PT visit to 45-60 minutes total per session, 3x/week x 4 weeks.

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

M.D., Board Certified in Orthopedic Surgery

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

Adverse Determination Letters, 12/23/08, 1/8/09, 2/12/09

ODG Guidelines and Treatment Guidelines

9/8/08, 9/10/08, 9/12/08, 9/15/08, 9/17/08, 9/19/08, 9/22/08,

9/24/08, 9/26/08, 9/29/08, 10/13/08, 10/15/08, 10/17/08, 10/22/08, 10/27/08, 10/29/08,

10/31/08, 11/3/08, 11/5/08, 11/7/08, 11/10/08, 11/12/08, 11/14/08, 11/17/08, 11/19/08,

11/21/08, 11/24/08, 11/26/08, 12/1/08, 12/3/08, 12/11/08, 12/12/08, 12/15/08, 12/17/08,

12/19/08, 12/22/08, 12/23/08, 12/24/08, 12/29/08

12/31/08

MD, 11/25/08, 12/17/08

MRI of the Left Knee without contrast, 1/27/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male, who injured his knee on xx/xx/xx when he missed a step and twisted his knee. He was diagnosed with a medial meniscus tear, strain/sprain of the cruciate ligament, and a tear of the lateral meniscus. He underwent an anterior cruciate ligament repair and medial meniscectomy on 08/20/08. According to the records, he did extremely well with his physical therapy. In December, records indicate he had full range of motion, no effusion, and good stability. He apparently re-injured his knee when he slipped on the ice, and Dr. diagnosed a bruise. He had negative examination as far as instability or testing was concerned. He

underwent an MRI scan, which revealed a horizontal cleavage tear of the medial meniscus. Current request is for physical therapy.

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

The providing physician has not documented in his records why he feels that service at the outside of that which is recommended by the ODG Guidelines would be of value in this instance. He has made a diagnosis of a bruise. This injured worker has already exceeded the amount of physical therapy envisioned by the ODG Guidelines and has done extremely well from that therapy. The new diagnosis does not justify further therapy. The records do not explain why the ODG Guidelines should not be followed in this particular case, and the provider has not given this reviewer any information for which to overturn the previous Adverse Determination. The reviewer finds that medical necessity does not exist for Physical Therapy not to exceed 3 or 4 modalities/procedural units in total per visit and limiting the total length of each PT visit to 45-60 minutes total per session, 3x/week x 4 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)