

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/09/2009

**IRO CASE #:**

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

Physical therapy for the left knee 6 sessions

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

M.D., 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**

**PATIENT CLINICAL HISTORY SUMMARY**

This female was injured on xx/xx/xx when she slipped and fell and felt a pop in her left knee. The claimant was diagnosed with internal derangement and underwent a diagnostic arthroscopy, partial medial and lateral meniscectomies, chondroplasty partial thickness articular cartilage/chondromalacia, major synovectomy, removal of loose or foreign bodies, excision of plica and abrasion arthroplasty of the left knee on 08/23/07 followed with formal physical therapy.

The claimant reported continued pain and swelling and was diagnosed with persistent internal derangement of knee and laxity of medial ligament, probably due to cartilage loss. A series of 3 follow up left knee x-rays were completed since the day of surgery which were essentially unchanged and revealed arthritic changes with a possible free joint body involving the posterior joint space noted on 12/08/08. A follow up MRI performed on 03/17/08 also revealed arthritic changes but no internal derangement. Aquatic physical therapy was prescribed and the claimant recently completed 6 sessions with demonstrated increased range of motion, strength and bilateral straight leg rises with decreased pain levels and disability index.

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

Physical therapy of the left knee, six sessions, is not indicated and appropriate according to the guidelines and the records reviewed. There is noted to be 27 sessions of supervised physical therapy. The records indicate there are degenerative medial and lateral meniscal tears status post medical arthroscopic resection along with chondroplasty. There is evidence of degeneration within the knee. Given the stage perioperative and how far out from the surgical date, there is no documentation to substantiate or merit further physical therapy in this instance. The reviewer finds that medical necessity does not exist for Physical therapy for the left knee 6 sessions.

**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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)