

Notice of Independent Review Decision

DATE OF REVIEW:

05/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy outpatient three times per week for four weeks; twelve sessions to right knee (97110, 97530, 97112, and 97140).

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Physical therapy; outpatient three times per week for four weeks; twelve sessions to right knee (97110, 97530, 97112, and 97140) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 05/05/09 MCMC Referral
- 05/05/09 Notice to Utilization Review Agent of Assignment
- 05/05/09 Notice of Assignment of Independent Review Organization
- 05/05/09 Notice to MCMC, LLC of Case Assignment
- 05/04/09 Confirmation Of Receipt Of A Request For A Review, DWC
- 05/04/09 Request For A Review By An Independent Review Organization
- 05/01/09 letter from RN Utilization Review Nurse
- 04/24/09 letter from RN Utilization Review Nurse
- 04/21/09 Knee Re-Evaluation, Orthopedics and Sports Medicine
- 04/21/09 Request for Continuation, Orthopedics and Sports Medicine
- 04/02/09 prescription note, M.D.
- 02/26/09 to 03/12/09 Knee Flow II sheet
- 01/26/09 to 03/05/09 Treatment Encounter Note
- 12/29/08 to 03/13/09 Knee Flow I sheets
- 12/18/08 to 04/21/09 S.O.A.P. Notes, W/C

- 12/18/08 Patient Information Sheet
- 09/30/08 Operative Report, M.D., Surgery Center
- 09/17/08 to 03/26/09 office notes, M.D.
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male with injury to the knee on xx/xx/xx and had subsequent surgery for a bucket handle tear on 09/30/2008. The injured individual has had twenty two post surgical physical therapy sessions and has now full range of motion of the knee with some minimal weakness of the flexion and extension strength. There is no clinical or physical therapy documentation noting serial improvement in strength.

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

The injured individual has received twenty-two postoperative physical therapy resulting in full range of motion of the knee with normal function, but still has some mild weakness. The surgery was done over xxxx months ago. The clinical notes from the therapist and physician do not show serial improvement in the strength of the knee over this period of time. Also the standard Official Disability Guidelines for post meniscal bucket tear repair indicates the normal twelve visits of therapy over twelve weeks. The injured individual could continue therapy with a home exercise program.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**