

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 11/25/2009  
**IRO CASE #:**

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

12 Physical Therapy Visits

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in MO.

**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)

12 Physical Therapy Visits Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Facsimile cover sheet by dated 11/5/2009
  2. IRO assignment form by dated 11/5/2009
  3. Request of IRO by URA-TDI Case by dated 11/5/2009
  4. IRO request form by dated 11/4/2009
  5. Request for a review by an independent review organization form by MD dated 11/4/2009
  6. Outpatient physical therapy pre-certification request form by MD dated 10/30/2009
  7. Letter by MD dated 10/6/2009
  8. Fax transmission sheet by dated 9/30/2009
  9. Physical therapy note by MD dated 9/30/2009
  10. Initial denial documents by dated 9/16/2009
  11. Fax cover transmission sheet by dated 9/11/2009
  12. Designated doctor examination addendum note by MD dated 9/11/2009
  13. Physical therapy evaluation and plan of care by author illegible dated 9/11/2009
  14. Daily documentation progress flow sheet by author illegible dated 9/11/2009
  15. Physical therapy note by MD dated 9/10/2009
  16. Function capacity evaluation report by author unknown dated 9/10/2009
  17. Progress note by author unknown dated 9/3/2009
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Name: Patient\_Name

18. Report of medical evaluation by MD dated 9/2/2009
19. Progress note by MD dated 8/18/2009 - 10/30/2009 multiple dates
20. Official Disability Guidelines (ODG)

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a morbidly obese who states his foot slipped and he felt a pop in his left knee on xx/xx/xx. He was assessed, had an MRI, and had taken off work. He had a medial meniscus tear confirmed on MRI and underwent arthroscopic surgery on 6/7/09. He attended several sessions of physical therapy (PT) and then had a functional capacity evaluation on 9/10/09 which concluded he did not meet his demand level and recommended skilled PT.

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

An independent medical examination on 9/2/09 concluded the injured employee (IE) had not reached maximal medical improvement and recommended more physical therapy (PT). There was an initial PT evaluation completed on 9/11/09 and stated he was to be seen on a 3 times a week basis and begin formal program next session.

The 9/11/09 physical therapy note indicates the IE is still with weakness, difficulty in using stairs, and has pain in the knee. The treatment rendered on that date was quite minimal in terms of increasing strength: activities included passive stretching and modalities; strength was 4/5 in the left lower extremity.

The IE is now 5 months post-op and should be capable of exercising on his own while returning to work on light duty as a note from Dr. indicates on 9/11/09. In addition, the IE has exceeded the visits allowed by ODG guidelines for meniscectomy which states the following: 12 visits over 12 weeks. The recommendation is to uphold the denial.

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

- ACOEM- AMERICAN 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)

Arthroscopy. 2008 Jul;24(7):769-78. Epub 2008 Apr 24.

Predictors of short-term recovery differ from those of long-term outcome after arthroscopic partial meniscectomy.

Fabricant PD, Rosenberger PH, Jokl P, Ickovics JR.

Yale University School of Medicine, New Haven, Connecticut, USA.

Arthroscopy. 2005 Feb;21(2):211-23.

Factors predicting functional and radiographic outcomes after arthroscopic partial meniscectomy: a review of the literature.

Meredith DS, Losina E, Mahomed NN, Wright J, Katz JN.