



Amended October 16, 2009

REVIEWER'S REPORT

DATE OF REVIEW: 10/15/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Physical therapy two times per week for six weeks' duration, left knee

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering knee injuries

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. TDI referral forms
3. Denial letters, 09/21/09 and 09/30/09
4. Physician records
5. Physical therapy progress reports and discharge summary, 09/11/09
6. PT records with summary, 09/15/09
7. PT plan of care, 08/06/09
8. PT prescription, 08/03/09
9. Requestor records including PT progress notes, 07/10/09 through 07/31/09
10. Operative report, 07/30/09
11. Clinical records, nine records between 04/01/09 and 09/30/09
12. URA records
13. Fax letter from requesting utilization review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male suffered a lateral dislocation of the patella on approximately xx/xx/xx. He underwent spontaneous reduction and a physical therapy program. However, he continued to suffer a sense of instability and lateral maltracking. On 07/03/09 the patient underwent an arthroscopic procedure with a reconstruction of the medial patellofemoral ligament, utilizing the gracilis tendon. Subsequent to his surgery, he has been able to regain 90 degrees of flexion and comes to full extension. He continues to have mild quadriceps weakness. After completing an appropriate postoperative regimen of physical therapy, additional physical therapy program has been requested. It has been evaluated and denied, re-evaluated and denied.

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

The patient has received sufficient physical therapy in both the immediate post injury phase and in the postoperative phase to be appropriately educated. It does not appear that further supervised physical therapy is warranted. The patient could be transitioned to a home exercise program for further gradual restoration of the range of motion and restoration of muscle strength.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)