Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Physical Therapy 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 Orthopedic Surgeon

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Dr. , PMR, peer review 08/11/09
Dr. , Ortho, peer review, 08/17/09
Office notes Dr. 11/07/08, 12/01/08, 12/12/08, 12/19/08, 01/23/09, 02/27/09, 04/10/09, 05/08/09, 05/22/09, 07/28/09
History and physical by Dr. 12/01/08
Letter by Dr. 04/10/09
Physical therapy note 08/05/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old male driver injured xx/xx/xx. In December 2008, he had arthroscopic partial synovectomy to the right knee. Review of the records indicated that the claimant has been treated postoperatively with 12 physical therapy visits, 12/19/08 injection, 04/10/09 injection, off work, and anti-inflammatory medications. On 04/10/09, Dr. noted that the x-rays showed a subtle tilt. Dr. examined the claimant on 07/28/09. Examination revealed significant tenderness to the medial aspect and to the medial femoral condyle. There was tenderness to the medial and lateral joint lines. Mild effusion was noted. The 08/05/09 physical therapy evaluation noted that McConnel testing revealed a laterally tracking patella with dynamic quad set.

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

The requested physical therapy, three times a week for four weeks is not medically necessary based on review of this medical record. This is a xx year old gentleman who had a arthroscopic evaluation of the right knee with partial synovectomy in 12/08. Following that he underwent physical therapy. He continued to have pain complaints and the medical records of Dr. Fallon document tenderness but do not document weakness or Patellofemoral maltracking. ODG Guidelines document that the use of physical therapy 12 visits over 12 weeks after surgery. That would appear to have been met in this case already. There is no documentation explaining why this patient cannot be doing a home exercise program. The reviewer finds that medical necessity does not exist for Physical Therapy 3x/week x 4 weeks.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter knee: physical therapy

Physical Medicine Guidelines

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5)

Medical treatment: 9 visits over 8 weeks

Post-surgical (Meniscectomy): 12 visits over 12 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)