

# US Decisions Inc.

An Independent Review Organization  
2629 Goldfinch Dr  
Cedar Park, TX 78613-5114  
Phone: (512) 782-4560  
Fax: (207) 470-1085  
Email: [manager@us-decisions.com](mailto:manager@us-decisions.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/29/2010

**IRO CASE #:**

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

24 Physical Therapy Visits

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

MD, 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**

Peer Reviews, 2/17/10, 2/23/10

Physical Therapy, 2/9/10, 2/27/10, 3/3/10, 2/26/10, 2/10/10

Surgery Center, 2/9/10

M.D., 1/27/10, 2/15/10

2/17/10, 2/22/10

Official Disability Guidelines Treatment in Workers' Compensation, Knee & Leg

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who sustained an injury on xx/xx/xx . He underwent arthroscopy on 02/09/10. Apparently the patient has increased pain and difficulty extending the knee completely and had an extension lag. The initial postoperative visit was normal with the patient doing well and no complaints. There was stated to be some muscular weakness about the hip and knee. There is a request for 24 physical therapy visits.

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

This patient is now approximately six weeks post surgery. There seems to be no documentation within the record of why 24 visits of physical therapy outside the ODG recommended twelve visits over twelve weeks would be necessary for this individual. There is also no explanation as to why six weeks post surgery this patient's clinical picture is not improved with physical therapy that has been given so far. Furthermore, no investigations have been performed to further investigate the patient's complaints. It is for this reason, given the fact that there is no explanation within the medical records as to why the ODG Guidelines, which are statutorily mandated in the State of Texas, should be set aside, and the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for 24 Physical Therapy Visits.

**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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)