

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: November 4, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy, 12 sessions; bilateral quads.

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

AMERICAN BOARD OF ORTHOPEDIC SURGEONS

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

Medical records from the Carrier/URA include:

- M.D., 09/30/10
- Orthopaedic Surgery Group and Center for Sports Medicine, 09/30/10, 10/06/10, 10/07/10, 10/14/10
- Management Fund, 07/12/10, 10/07/10, 10/12/10, 10/22/10, 10/28/10

Medical records from the Provider include:

- M.D, 07/06/10, 07/28/10, 08/11/10, 09/01/10, 09/16/10, 09/30/10, 10/14/10
- Orthopaedic Surgery Group and Center for Sports Medicine, 08/16/10, 08/19/10, 08/23/10, 08/25/10, 08/27/10, 08/30/10, 09/01/10, 09/03/10, 09/08/10, 09/10/10, 09/13/10, 09/15/10, 09/17/10, 09/22/10, 10/06/10

PATIENT CLINICAL HISTORY:

The patient is a male, who was injured on xx/xx/x. He was chasing a subject and the subject tripped and landed on both knees. His injury was a serious one which was bilateral quadriceps tendon ruptures. He was seen by M.D., orthopedic surgeon, who repaired both quadriceps tendons right and left knees, on July 6, 2010. The patient has been followed by regular intervals by Dr. and the last record I have of him being seen by Dr.

was on October 14, 2010. At that point Dr. notes indicate that the patient had only 0 to 100 degrees of flexion in both knees. The patient has also been seen on a regular basis and treated by PT. The last note I have of Mr. seeing the patient was on October 6, 2010, at which time he made the statement his patient needed to continue therapy two to three times per week for four more weeks. It should be noted that Mr. has been the therapist for the patient at each visit, and therefore, would know his patient well and be able to make more meaningful statements regarding his status as opposed to a different therapist seeing the patient on different occasions. Mr. noted that the patient was limited in stair climbing and squatting, and unable to kneel, jog, or run. This information had been gathered from the patient and from the Functional Capacity Evaluation that was performed on September 22, 2010. During this evaluation the patient demonstrated good effort throughout the evaluation. It was at the conclusion of his Functional Capacity Evaluation the patient needed more therapy sessions to be able to enter the work hardening program specific for a police officer.

The patient has had a major injury. It is a most significant injury with only one quadriceps tendon being ruptured in terms of return to normal function following surgical repair. The fact that the examinee had both quadriceps tendons ruptured makes this a much more difficult injury from which to recover.

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

The service in dispute for this patient is 12 physical therapy sessions for both knees. The records indicate a definite need for 12 more sessions of physical therapy. The rationale for the support of more therapy is based on the patient's continued weakness in his quadriceps muscles grading at only 4/5 bilaterally, and that he has gained only 100 degrees of flexion in both knees. This patient definitely needs continued therapy with the physical therapist for 12 more sessions.

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)