

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/24/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Sessions of Additional Post-op Left Knee Physical Therapy at 3 times a week for 4 weeks

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

MD, Board certified in Physical Medicine and Rehabilitation

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 4/19/10, 4/2/10
Clinic 5/5/10, 4/9/10, 3/26/10
D.O. 4/16/10
M.D. 4/2/10
Hospital 2/3/10

PATIENT CLINICAL HISTORY SUMMARY

This worker reported an injury xx/xx/xx. The worker had knee pain and workup indicated there was a lateral meniscal tear. Based on the diagnosis of meniscal tear, the worker had a left knee arthroscopy and lateral meniscectomy. The worker has had 18 PT visits since the surgery. The left knee extends to zero degrees and flexes to 105 degrees. The left knee strength is 4/5. There is not a functional analysis of the worker's ability or a job description.

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

The ODG does recommend physical therapy following a meniscectomy of the knee. Twelve visits are recommended following this procedure. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. The ODG recommendation is to continue home exercises. The worker has had 18 PT visits to date. Based on the records provided, the need for additional supervised therapy is not medically

necessary in this case. The reviewer finds that medical necessity does not exist for 12 Sessions of Additional Post-op Left Knee Physical Therapy at 3 times a week for 4 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

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)