

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97110 Initial Physical Therapy Left Knee 2xwk x5wks; 97535 Self Care Management Training Left Knee 2xwk x5wks; 97530 Therapeutic Activities Left Knee 2xwk x 5wks; and 97140 Manual Therapy Left Knee 2xwk x5wks

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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

Letters, 4/15/10, 3/25/10
ODG-TWC Treatment Guidelines
D.O. 1/9/10, 3/8/10
Treatment Center 2/12/10 to 3/12/10
Orthopaedic 3/10/10, 2/10/10
3/10/10, 5/6/10, 4/1/10
Progress Note 10/29/09 to 1/29/10
Medical Center 3/29/07 to 1/29/10
Hospital 12/16/09
Impairment Rating 2/11/10
D.O. 2/25/10, 2/22/10, 4/12/10
M.D. 3/4/10
Evaluators 3/9/10
Health 3/18/10
M.D. 3/24/10
Radiology 3/27/10
crest 3/23/07, 3/24/07
3/29/07

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured on xx/xx/xx with a fall on her left knee. Her xrays were normal. She had ongoing knee pain. An MRI from 12/16/09 showed a bone bruise, but no other injuries. Dr. saw her first on 1/9/10 and noted local pain and the fact she had not had surgery. She wears a knee immobilizer. She had an old knee injury several years earlier (same side) and recovered. Dr. wanted to perform a chondroplasty, but this was denied as no osteochondral injury was documented. Several examinations described muscle atrophy, especially of the oblique head of the medialis. A repeat MRI on 3/18/10 showed in injury, a normal marrow, and perhaps a trace effusion. A peer review by Dr. noted he wanted her off crutches and the brace.

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

Notes from this case indicate the patient has sequelae from inactivity such as from wearing the brace that contributed to muscle atrophy. She has instability of the patella and pain. She has not improved without therapy nor does she perform any exercises on her own. Her provider suggests that the patient would benefit from the structure and supervision. Her providers have recommended a supervised program with self treatment goals. The request conforms to the ODG criteria for PT. The reviewer finds that medical necessity exists for 97110 Initial Physical Therapy Left Knee 2xwk x5wks; 97535 Self Care Management Training Left Knee 2xwk x5wks; 97530 Therapeutic Activities Left Knee 2xwk x 5wks; and 97140 Manual Therapy Left Knee 2xwk x5wks.

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)