

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 5/12/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy (3wk4) or 12 sessions

QUALIFICATIONS OF THE REVIEWER:

Physical Med & Rehab, 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)

Physical therapy (3wk4) or 12 sessions Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice of assignment by dated 04/22/2010
2. Fax page dated 04/08/2010
3. Follow up note by DC dated 04/02/2010
4. Physical therapy recertification by author unknown dated 03/31/2010
5. Outpatient treatment note by author unknown dated 03/25/2010 to 03/31/2010
6. Initial office visit by DC dated 02/23/2010
7. Visit note by MD dated 02/03/2010
8. Utilization review by dated 01/30/2009
9. Utilization review by dated 01/30/2009
10. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male status post work injury on x/xx/xx. He had residual pain in the right knee post injury. He underwent a right total knee arthroplasty. He has been treated with 15 PT sessions post-op. His provider is requesting 12 additional sessions of PT.

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

Name: Patient_Name

The requested additional therapy would total 27 PT postop treatment sessions. As per the ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic), post surgical treatment for knee arthroplasty, a total of 24 PT sessions are medically necessary. The addition of 12 more PT treatments in this case would equal 27 PT sessions, and this exceeds the ODG guidelines. In addition, in the study by Rajan et al. cited below, in a preselected group of patients following primary total knee arthroplasty, inpatient physiotherapy with good instructions and a well-structured home exercise regime can dispense with the need for outpatient physiotherapy. Based on the above, the addition of 12 more PT treatments would not be considered medically necessary. The recommendation is to uphold the previous denial.

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)

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