

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 4/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Sessions of Physical Therapy (97110, 97140, G0283)

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:

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

12 Sessions of Physical Therapy (97110, 97140, G0283) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax page dated 4/8/2010
2. Notice to xxxxx by, dated 4/8/2010
3. Request form by author unknown, dated 4/5/2010
4. Review determination by author unknown, dated 2/6/2010 & 3/4/2010
5. IRO request form by author unknown, dated unknown
6. Review organization by, dated 4/8/2010
7. Independent review organization by Author unknown, dated 4/5/2010
8. Fax page dated 4/2/2010
9. Request for IRO by, dated 4/2/2010
10. Reconsideration by, dated 2/18/2010
11. Concurrent review determination by Author unknown, dated 2/16/2010 and 3/4/2010
12. Pre authorization request by Author unknown, dated 2/9/2010 and 2/25/2010
13. Subsequent evaluation by xxxxx MD, dated 2/9/2010
14. Follow up by Author unknown, dated 2/1/2010
15. Follow up by Author unknown, dated 2/1/2010
16. Evaluate and treat by MD, dated 2/1/2010
17. Daily patient record by Author unknown, dated 1/14/2010
18. History note by Author unknown, dated 1/5/2010 to 1/19/2010
19. Subsequent evaluation by MD, dated 11/17/2009 and 2/9/2010
20. Form by MD, dated 11/16/2009
21. Operative report by MD, dated 11/3/2009
22. Operative report by MD, dated 11/3/2009
23. Pre operative by Author unknown, dated 10/28/2009 and 11/16/2009
24. Follow up by Author unknown, dated 10/14/2009
25. Fax page dated 10/1/2009 to 2/19/2010
26. Subsequent evaluation by Author unknown, dated 9/29/2009 and 11/25/2009
27. Progress notes by Author unknown, dated 9/23/2009 to 1/11/2010
28. MRI results by Author unknown, dated 9/23/2009
29. Knee right MRI by MD, dated 9/16/2009
30. New patient by MD, dated 9/2/2009
31. Reconsideration by xxxxxx, dated 6/22/2009

Name: Patient_Name

32. Preauthorization determination by Author unknown, dated 6/2/2009 and 6/30/2009
33. Fax page dated 5/27/2009
34. Pre authorization request by Author unknown, dated 5/27/2009 to 11/24/2009
35. Physical performance evaluation by xxxxx, dated 5/19/2009 to 4/1/2010
36. MRI right knee by MD, dated 7/28/2008
37. Lower EMG and nerve conduction study by MD, dated 3/27/2008
38. Initial consult by MD, dated 3/1/2008
39. Letter by MD, dated 7/2/2007
40. Work status report by Author unknown, dated 4/24/2007
41. Doctor report by MD, dated 4/24/2007
42. Office visit by MD, dated 2/13/2007
43. Office visit by MD, dated 2/13/2007
44. Request for work conditioning by , dated 5/11/2005
45. Daily work activities by Author unknown, dated 5/6/2005
46. Follow up note by MD, dated 4/8/2005
47. Form by Author unknown, dated 3/31/2005
48. Report of medical evaluation by Author unknown, dated 3/24/2005
49. Doctor report by Author unknown, dated 3/18/2005
50. Treating doctors by Author unknown, dated 3/14/2005 and 7/21/2004
51. Sensory motor skills dated 3/6/2005
52. Letter by MD, dated 2/21/2005
53. Initial consultation note MD, dated 2/16/2005
54. Electrodiagnostic study by MD, dated 1/19/2005
55. Right knee two views by MD, dated 1/7/2005
56. Psychiatric evaluation by MD, dated 1/6/2005
57. Office visit by Author unknown, dated 12/16/2004
58. Patient receipt by Author unknown, dated 11/29/2004
59. MRI lumbar spine by MD, dated 11/19/2004
60. Progress note by MD, dated 11/2/2004
61. Operative report by MD, dated 8/26/2004
62. Patient information by, dated 8/18/2004
63. Clinical note dated 1/5/2004 and 8/10/2004
64. Initial patient evaluation by Author unknown, dated 8/9/2004
65. Initial consultation by Author unknown, dated 7/21/2004
66. MRI right knee by MD, dated 6/8/2004
67. Discharge summary by, dated 4/21/2004
68. Operative report by, dated 4/20/2004
69. Patient follow up by Author unknown, dated 1/5/2004 to 9/15/2004
70. Lower extremity evaluation office note by MD, dated 11/14/2003
71. Clinical note by, dated 10/7/2003
72. Office visit by MD, dated 6/20/2003 to 6/2/2004
73. Follow up medial report by, dated 5/2/2003 to 8/22/2003
74. Work status report by Author unknown, dated 4/16/2003 to 1/5/2005
75. Initial medical examination by, dated 4/16/2003
76. Operative report by MD, dated 4/1/2003
77. Discharge instruction by, dated unknown
78. Activities of daily living scale dated unknown
79. General information by Author unknown, dated unknown
80. Range of motion by Author unknown, dated unknown
81. Radiology order by, dated unknown
82. Order requisition by, dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who injured her right knee, back, and neck on xx/xx/xx. She previously had surgery due to right tibial plateau fracture and subsequent therapy treatment many years ago following initial onset of injury. She also had a repeat surgery on 8/25/2005 and prior right knee surgery 5/2004. There is now a new request for 12 sessions of postoperative physical therapy submitted.

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

The recommendation is to uphold prior denials of physical therapy (PT). ODG notes that controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. Post surgical recommendations by ODG

Name: Patient_Name

for physical therapy are for up to 12 visits of physical therapy status post meniscectomy. Please note that the reconsideration letter dated 2/18/2010 cites an incorrect number of ODG recommended physical therapy visits of 24 status post surgery when actually the guideline clearly states 12 visits over 12 weeks. To date the injured employee has had 8 sessions of post operative PT. The request for 12 more sessions of PT is excessive based on ODG recommendations and there are no extenuating circumstances noted which would compel a guideline exception. Furthermore, as noted by one of the prior reviewers the injured employee's knee range of motion is noted to be functional at 0-125 degrees of extension-flexion and she has only some quadriceps weakness and "only occasional pain". At this point in time, after years of treatment and therapy and not acute post-surgical issues identified the injured employee should be self sufficient in a knee rehab home protocol without need for continued skilled oversight. 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
X 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)