

SENT VIA EMAIL OR FAX ON
Aug/30/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

40 hours work conditioning for the left knee

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines

Denial Letters 8/3/10 and 8/13/10

PT Eval 11/19/09 thru 8/5/10

FAD 7/16/10

Bone & Joint 5/3/10 thru 6/22/10

FCE 3/9/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man reportedly injured on xx/xx/xx when a tree fell on him. He underwent a knee arthroscopy and debridement on 5/3/10. He was found to have a partial tear of the ACL with synovitis and some chondral damage. This was followed by 16 sessions of postoperative PT for nearly 30 sessions since the original injury. His FCE on 7/15/10 showed him to be at a heavy PDL functional level and met his job requirements. He had difficulty crouching, but was able to perform once in this position. He had only 122 degrees of flexion. He continues to have some pain along the greater trochanter and the patella tendon. There was a request for additional work conditioning at 4 hours a day for 5 days a week for up to 3 weeks that was

reduced to 2 weeks.

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

His job apparently requires crouching. The latter is aimed at improving stamina. In general, the ODG advises work itself as the best treatment option. It recognizes work conditioning as being intense PT, but limits it at the knee to a maximum of 30 hours over 4 weeks. The request here is for 40 hours over 2 weeks or more. This exceeds the guidelines without explaining why other than he needs to improve the ability to crouch. The IRO reviewer is not sure that this would be improved in itself with the requested therapy. Therefore, the request is not medically necessary.

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)