

SENT VIA EMAIL OR FAX ON  
Aug/30/2010

## Applied Assessments LLC

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/26/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical Therapy 3 X 4 weeks for the left knee

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

Board Certified Orthopedic Surgeon

**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

Dr. OV 07/08/10

Physical Therapy record 07/15/10

Peer Review 07/22/10 , 08/05/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male claimant who reportedly sustained a left knee twisting injury on xx/xx/xx and subsequently underwent a left knee anterior cruciate ligament reconstruction and partial meniscectomy on 06/24/10. A 07/08/10 physician record noted the claimant post-operative with still swelling present. Recommendations included stopping use of the left knee brace and starting physical therapy protocol.

A physical therapy initial assessment dated 07/15/10 revealed the claimant with a problem list that included left knee decreased range of motion, weakness in the knee and lower extremity, gait and balance disturbance and functional limitations. Physical therapy three times a week for four weeks for the left knee was requested.

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

This claimant is now two months out from surgery. The ODG Guidelines would allow for 24 visits with a physical therapist extending over 16 weeks. The requested number of visits, that being 12, is

certainly well within the guidelines. The ODG would allow therapeutic exercises for strength and movement. The application of electrical stimulation, therapeutic activities and re-evaluation, which would appear to be some of the recommendations in the therapist's list. However ultrasound would not be included. A clear rationale for aquatic therapy has not been provided either. The IRO reviewer can modify the request or suggest treatment; therefore, the request is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates,

Knee and Leg: Physical medicine treatment

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):

Post-surgical (ACL repair): 24 visits over 16 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 KNOWLEDGBASE

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)