

SENT VIA EMAIL OR FAX ON
Apr/07/2011

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 additional post operative physical therapy visits over 3 weeks 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
Store PT 11/22/10 thru 3/10/11
Progress Note Dr. 3/11/11
3/16/11, 3/17/11, 3/21/11
3/16/11, 3/21/11

PATIENT CLINICAL HISTORY SUMMARY

This is a man who underwent an arthroscopic medial menisectomy and open arthrotomy and prepatella bursectomy on 1/20/11. He had 12 sessions of postoperative therapy. The 1/26/10 note described 85 degrees of active flexion, and full extension. The 3/10 progress note showed mimprovement to 136 degrees of flexion, compared to 137 on the uninvolved right

side on 1/26/10 and 11/22/10 assessments. Mr. noted that man had ongoing weakness, and failed to perform home exercises. He complained of pain and the knee giving out.

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

In essence, this man regained his range of motion, but not yet his strength. He had not carried over the program with a home exercises. This was not noted in the therapy notes. The ODG "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT." He is 9 weeks post surgery, and the ODG allows for 12 therapy sessions over 12 weeks. He had adequate therapy, but at a higher than approved frequency without following with a home program. There is no operative report and the IRO reviewer is not clear why the bursectomy was performed. The IRO reviewer can only rely on the fact that he regained motion after the meniscectomy, but lacks strength from not following through in the program. The request is not medically necessary based upon this information and the ODG criteria. He can still participate in the home program to improve his strength.

Physical medicine treatment

Recommended....

ODG Physical Medicine Guidelines –

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

Post-surgical (Meniscectomy): 12 visits over 12 weeks...

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES