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 Plano, Texas 75093
 Phone: (972) 931-5100
DATE OF REVIEW: 01/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Physical Therapy Visits between 11/23/2010 and 01/22/2011

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
12 Physical Therapy Visits between 11/23/2010 and 01/22/2011	97140	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	18	12/21/2010	12/21/2010
2	Diagnostic Test	Radiology	2	07/23/2010	07/23/2010
3	Op Report	Surgery Center	2	09/17/2010	09/17/2010
4	Office Visit Report	MD	9	08/19/2010	12/02/2010
5	PT Notes	Physical Therapy & Sports Medicine Center	5	10/08/2010	11/22/2010
6	Initial Request	Physical Therapy	2	10/11/2010	11/15/2010
7	Initial Denial Letter	Health Solutions	11	11/18/2010	11/29/2010
8	Initial Denial Letter		6	11/18/2010	11/29/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who suffered a twisting straining injury to the right knee on xx/xx/xx. He underwent a right knee arthroscopic medial and lateral meniscal debridement on 09/17/10. Post operatively, he has received 12 visits of supervised physical therapy. His range of motion is recorded as 0 to 120 degrees. He has restored muscle strength. He has progressed satisfactorily and has met short term goals. Additional physical therapy has been requested in hopes of preventing re-injury. This request has been denied on initial level review and upheld on appeal. This is an IRO request for an additional 12 visits of supervised physical therapy.

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

1. Are 12 additional visits of supervised physical therapy medically necessary and appropriate?

NO. This patient has received the recommended protocol number of supervised physical therapy as published in the ODG, 2011, knee and leg chapter and cited above. He has progressed very well and short term goals have been met. Post operative pain is diminishing; range of motion and muscle strength are continuing to improve. Home exercise program has been initiated. The request for additional supervised physical therapy does not warrant approval. There are no special circumstances documented that would justify physical therapy in excess of that recommended in the ODG, 2011, knee chapter. Medical necessity for such additional therapy has not been established and the additional therapy would not be considered appropriate at this time. The prior denials were appropriate and should be upheld.

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. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):

Medical treatment: 9 visits over 8 weeks

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:

- 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)**

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with 28 TAC §12.206(d)(19), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on .