

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3xWk x 4Wks, Left Knee

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine

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

10/15/10, 11/3/10
D.C. 9/9/08
Pain & Injury Relief Center 5/16/08 to 10/25/10
Dr. 10/7/09 to 8/2/10
Pain Management Physicians, P.A. 9/15/10
Injury Pain & Rehab Center 12/20/07
Rain and Rehab Center 10/11/10 to 11/24/10
Center for Orthopaedics 9/20/10
9/17/07 to 8/21/09
Disability Evaluating Center 6/28/10
Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a man who sustained an injury to his left leg on xx/xx/xx. Some of the records described a fracture of the mid third tibia fibula treated with an intramedullary nail. The hardware was removed, and he continued to have pain in the knee. There have been different ranges of motion in the knee. These lack 10 degrees of extension, and had only 67 degrees of flexion, but more recent reports full extension and 110 degrees of flexion. He

continued to have knee pain described by Dr. as an internal derangement of the knee. There were 2 MRIs provided. Dr. in 2007 noted the hardware by the patella tendon and proximal leg. There was nonvisualization of the medial patellar retinaculum and lateral collateral ligament with mild degenerative changes. The MRI 8/09 MRI showed the healed proximal tibia and the probable patella tendon repair. Dr. did not find any "internal derangement of the knee joint. He has ongoing knee pain. Dr. advised additional PT and corticosteroid injections. He first wrote that he "did not need all these injections..." I presume these are the 15 injections that Dr. described. Dr. then went on and said the man needed another corticosteroid injection with aggressive therapy after a knee manipulation. Dr. (10/7/09) noted that this "Patient has had one year of physical therapy and 15 knee injections."

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

The ODG advises 30 sessions of physical therapy following a fracture or knee surgery. The ODG also justifies therapy for an abnormal gait. This patient has already had a year of therapy by 2009 and no new interventions since then. Nothing was presented to explain why this man did not improve with the prior treatments and how additional treatments would be different and/or cause a different outcome. There was nothing presented about any self-directed home program, or exercises to build up the muscles. He has already regained most knee motion. There does not appear to be any medical reason why he cannot perform home exercises on his own as would be recommended by the ODG at this point. No information has been provided to justify the medical necessity of the additional therapy beyond the treatments he previously had. The reviewer finds that there is no medical necessity for Physical Therapy 3xWk x 4Wks, Left Knee.

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)