

SENT VIA EMAIL OR FAX ON
Jul/06/2011

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 PT for the left knee

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

Board Certified Orthopedic 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

1. Cover sheet and working documents
2. Utilization review determination dated 06/01/11, 06/07/11
3. Letter dated 06/20/11
4. Soap note dated 03/01/11, 03/22/11, 03/31/11, 04/08/11, 04/26/11, 05/17/11, 05/26
5. Knee reevaluation dated 04/07/11, 05/24/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is listed as xx/xx/xx. The mechanism of injury is listed as jumping from blocks and landing on his knees. The submitted records indicate that the patient is status post left knee ACL reconstruction on 02/16/11 followed by 24 postoperative physical therapy visits. Knee reevaluation dated 05/24/11 indicates that medications include Hydrocodone, APAP 7.5 mg. On physical examination left knee active

range of motion is -6 to 114 degrees. Soap note dated 06/02/11 indicates that the patient reports having pain in knee with flexion.

Initial request for PT x 12 for the left knee was non-certified on 06/01/11 noting that there are no recent MD notes provided with detailed physical examination findings and documentation of the patient's objective response to prior physical therapy. The denial was upheld on appeal dated 06/07/11 noting that ODG supports up to 24 visits of physical therapy for the patient's diagnosis. There is no rationale provided to support exceeding this recommendation and no exceptional factors of delayed recovery are documented.

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

Based on the clinical information provided, the request for 12 PT for the left knee is not recommended as medically necessary, and the two previous denials are upheld. The patient is status post left knee ACL reconstruction performed on 02/16/11. He has subsequently undergone 24 postoperative physical therapy sessions to date. The Official Disability Guidelines recommend up to 24 visits of physical therapy for the patient's diagnosis. The requested physical therapy on top of previously completed physical therapy exceeds ODG recommendations, and there is no rationale provided to support this request. As stated by the previous reviewer, there are no exceptional factors of delayed recovery documented to support exceeding ODG recommendations. There are no specific, time-limited treatment goals provided. The patient should be instructed in and encouraged to perform an independent, self-directed home exercise program.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES