

SENT VIA EMAIL OR FAX ON
Mar/12/2011

IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 2x4 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

1. Cover sheet and working documents
2. Medical records
3. Handwritten knee evaluation dated 08/20/10
4. Operative report dated 10/12/10
5. MRI of the left knee dated 08/05/10
6. Progress note dated 12/27/10
7. Functional capacity evaluation dated 12/30/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who slipped on some stairs and heard a pop in his knee. The patient has a history significant for four knee surgeries. MRI of the left knee dated 08/05/10 revealed degenerative arthritic changes in the medial, lateral and patellofemoral joint compartments; findings suggestive of lateral and medial meniscectomy; osteochondrosis of the lateral femoral condyle; striations in the anterior of Hoffa's fat pad; subcutaneous and periarticular

paramagnetic artifacts from the previous surgical intervention; and probable tear of the anterior cruciate ligament at the femoral attachment, age undetermined.

Initial orthopedic consultation dated 08/20/10 indicates that the patient underwent arthroscopy (date unknown), OATS procedure on 11/04/08, and I&D of superficial infection on 12/19/08.

The patient underwent left knee arthroscopy with partial lateral meniscectomy, major synovectomy, major scar debridement, excision of osteochondral loose body, major three-compartment chondroplasty and lateral retinacular release on 10/12/10. Progress note dated 12/27/10 indicates that the patient has completed 18 sessions of postoperative physical therapy to date. On physical examination left knee strength is rated as -4 to 4/5.

Functional capacity evaluation dated 12/30/10 indicates that the patient's current PDL is medium. The patient is reported not to be an appropriate candidate for work conditioning given his strength and endurance deficits, and additional physical therapy was recommended. Progress report dated 01/10/11 indicates that the patient reports he is 75% better and still is having significant joint pain with activities at a level of 3/10. On physical examination gait is weak, antalgic and favors the left knee. Active range of motion of the left knee is 0-90 degrees. Strength testing is 4/5. Follow up note dated 02/21/11 indicates that active range of motion of the knee is full and strength is rated as 4+/5.

The initial request for PT 2 x 4 left knee was non-certified on 01/18/11 noting that per nurses clinical summary, the patient had completed 29 postoperative physical therapy sessions. The patient's progress with PT should have been sufficient to allow further progress with independent home exercise. There is no documentation of specific and time-limited goals for further therapy. The denial was upheld on appeal on 02/08/11 noting that the patient's physical therapy to date exceeds current evidence based guidelines and the patient is morbidly obese which could be contributing to his knee complaints.

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 PT 2 x 4 left knee is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent left knee arthroscopy on 10/12/10 and has subsequently completed postoperative 29 physical therapy sessions to date. The Official Disability Guidelines support up to 12 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support continuing to exceed this recommendation. The most recent physical examination submitted for review notes that the patient's active range of motion of the left knee is full and strength is rated as 4+/5. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Given the current clinical data, the request for physical therapy 2 x 4 left knee is not indicated as medically necessary, and the two previous denials are upheld.

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)