

SENT VIA EMAIL OR FAX ON
Mar/03/2011

Applied Assessments LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 3 X wk X 4wks 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
Bone & Joint 8/16/10 thru 1/26/11
MRI 8/26/10
Dr. 12/17/10
1/25/11 and 2/8/11

PATIENT CLINICAL HISTORY SUMMARY

This is a man who injured his left knee on xx/xx/xx after a fall. He was found to have arthritic changes in the knee that predated the injury. He had arthroscopic surgery on 9/14/10 that included the partial medial and lateral menisectomy, and patella contdroplasty and medial femoral chondroplasty. The ACL was not repaired. He had first 24 and then an additional 4 sessions of therapy. Dr. wants an additional 12. The physical examination from January

shows 1-inch quad atrophy, 20 degrees lack of full flexion with a 5-degree extension lag.

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

The ODG is based upon evidence-based medicine and remains a guideline. There are variances allowed if there are explanations why they are justified.

From the information provided he had the 24 sessions from the ACL repair category, although he did not have a repair. He had medial/lateral partial menisectomies and chondroplasties. This would allocate 12 sessions for the post menisectomy treatments. There was no description in the records of how this man has been performing his "active self-directed home PT." Was he compliant with this? What were the reasons he failed to regain flexion? Often, full knee extension is not reached.

The ODG does permit variances from the guidelines when reasonable explanations and realistic goals are provided. I presume that is why the 12 sessions were extended to 24. Dr. wrote that this man is not an average patient, yet did not provide any reason why he is not average and adequately explain why his recovery is slow. The reasons provided by Dr. is that this is due to "some genius" not following Dr. request and that the ODG was done by "pinheads." That is not medical justification. He stated this man missed therapies in December "because they were not sending his checks..." How is that a medical issue and why did it cause him to miss treatments?

The ODG allows for some variance.

"These guidelines are meant to be used to identify cases that are out of the norm, where questions may be asked, such as what makes them different...If the patient has co-morbidities that are not specifically identified in the guidelines, application of the guidelines is more difficult.

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If the patient has co-morbidities that are not specifically identified in the guidelines, application of the guidelines is more difficult...(V)ariances in the data made it impossible to select a benchmark number of days, and the report by the evaluating physician should guide the amount of time off work

These publications are guidelines, not inflexible proscriptions, and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions and also help payors make reimbursement determinations, but they cannot take into account the uniqueness of each patient's clinical circumstances. "

Dr. failed to provide a explanation why this man had not progressed and why the additional sessions are necessary other than he had not improved with twice the allotted time following the menisectomies. He did note that this man was making improvement. The IRO reviewer would hesitate to stop his recovery on this alone, but there was no explanation by Dr. that would warrant the medical necessity of the request.

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

DESCRIPTION)