SENT VIA EMAIL OR FAX ON
Apr/21/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Conditioning 5 X week X 4 weeks right knee 9754 1st 2 hours 97546 additional 6 hours

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified PMR and Pain Management

REVIEW OUTCOME:

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

[X] 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. Physical medicine notes and acute office visit notes Medical Assoc, PA
3. Functional capacity evaluation dated 02/03/11
4. MRI right knee dated 07/22/10
5. MRI right ankle dated 07/29/10
6. Medical records Dr.
7. Referral form dated 10/18/10
8. Medical records release form dated 07/05/10
9. Radiographic report right knee, right ankle dated 07/02/10
10. Diagnostic report dated 10/05/10
11. Physical capabilities for the workplace report dated 01/03/11
12. Utilization review determination dated 03/03/11, 04/12/11
13. Appeal letter dated 03/09/11
14. Operative report dated 10/18/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped on a wet floor and her right leg went out from underneath her, causing her right ankle to pop. MRI of the right knee dated xx/xx/xx revealed complete tear of the ACL from its proximal attachment; mild joint effusion; grade I strain lateral collateral ligament; horizontal tear suspected in the body of the medial meniscus. MRI of the right ankle dated xx/xx/xx revealed plantar fasciitis; bone contusion posterior distal aspect of the tibia; ankle joint effusion; and partial tear of anterior talofibular ligament. The patient underwent right knee ACL reconstruction, medial meniscectomy, and bone graft on 10/18/10 followed by 24 postoperative physical therapy sessions. Functional capacity evaluation dated 02/03/11 indicates that medications include Ibuprofen and Naprosyn, and the patient has completed 10 postoperative physical therapy sessions to date. On physical examination no sensory deficits were noted in the lower extremities. Deep tendon reflexes are 2+ throughout the bilateral lower extremities. Muscle strength testing is rated as +5 throughout the bilateral lower extremities. Right knee range of motion is 0-100 degrees. The patient's required PDL is heavy and current PDL is light medium.

Initial request for work conditioning was non-certified on 03/03/11 noting that there is insufficient documentation that the patient has plateaued in physical therapy. There is no drug test provider to ensure that the patient does not have drug-related problems and there is no return to work plan provided. Appeal letter dated 03/09/11 indicates that the patient has returned to work light duty. The denial was upheld on appeal dated 04/12/11 noting a lack of documentation that the patient has completed a full course of physical therapy for postoperative care. The request for 20 sessions of work conditioning exceeds guideline recommendations, and the patient's functional limitations do not warrant going outside guideline recommendations.

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 work conditioning 5 x week x 4 weeks right knee 9754 1st 2 hours 97546 additional 6 hours is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent right knee ACL reconstruction, medial meniscectomy, and bone graft on 10/18/10 followed by 24 postoperative physical therapy sessions. Functional capacity evaluation dated 02/03/11 indicates that the patient's required PDL is heavy and current PDL is light medium. The Official Disability Guidelines support up to 10 visits of work conditioning, and the current request exceeds this evidence-based recommendation. The patient's functional deficits do not warrant exceeding ODG guidelines. Given the current clinical data, the request 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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES