

C-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional 12 supervised rehab sessions with 4 procedure units requested

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

MD, Board Certified Physical Medicine and Rehabilitation

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is female who is reported to have developed left knee pain after taking items out of dryer on xx/xx/xx. Records indicate the injured employee underwent extensive conservative treatment and subsequently taken to surgery on 01/11/11. At this time the claimant underwent a left knee medial and lateral meniscectomy and was noted to have chondromalacia of femoral condyle and medial tibial plateau. Postoperatively the injured employee was referred to physical therapy and has completed 12 sessions to date. On 04/12/11 the injured employee was seen in follow-up by Dr. who notes she has completed 12 sessions of physical therapy and has not participated in work conditioning or work hardening program.

She has left quadriceps atrophy. Range of motion is 0-130. She is stable. Her portals are well healed. She has some mild swelling. She has bilateral pre-tibial edema. She subsequently is recommended to undergo Supartz or Synvisc 1 injection left knee and be referred for work hardening program.

On 03/23/11 the request was reviewed by Dr., M.D. who notes the injured employee has completed 12 sessions of postoperative physical therapy. He notes he was presented with no documentation of attendance or reports of response to treatment. A peer to peer was conducted with Dr., D.C. He reported the claimant attended 12 sessions of postoperative physical therapy and she demonstrated improvement. She is reported to have limited range of motion of the knee. Dr. opines the injured employee has been afforded a reasonable course of postoperative rehabilitation and should be educated on home exercise program.

The appeal request was reviewed by Dr. on 03/31/11. Dr. finds no reason to overturn the previous determination.

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

The request for 12 additional sessions of supervised physical therapy 4 units is not supported by the submitted clinical information. Current evidence based guidelines recommend 12 postoperative sessions for patients who are status post meniscectomy. It should be noted the injured employee is morbidly obese at 5'10" tall and 248 lbs. She is noted to have normal range of motion of 0-130. She is stable. Portals are healed. Her left knee is mildly swollen. She is noted to have arthritic changes intraoperatively with chondromalacia of weightbearing surface of medial femoral condyle and medial tibial plateau. The ODG guidelines would support a home exercise program at this juncture, and not continued supervised physical therapy. The reviewer finds there is no medical necessity for Additional 12 supervised rehab sessions with 4 procedure units requested.

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)