

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 physical therapy sessions

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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

ODG Knee and Leg, PT

3/15/11, 4/4/11

Dr. 3/9/11 to 3/26/11

Office Visit Notes 2/28/11 to 3/9/11

Healthcare & Rehab 2/28/11

Medical Services 3/21/11

Clinic 3/21/11

Orthopaedic Surgery 3/21/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant had a knee injury on xx/xx/xx. She underwent arthroscopic knee surgery on 11/9/10. She had a medial meniscal injury. No operative reports were provided. Dr. noted on 3/9/11 that she needed 12 additional therapy sessions. She had an arthrogram that showed degenerative changes and chondromalacia of the knee. She walks with a cane, has grinding pain and lacks 10 degrees of extension (the motions may have been reversed). There was a comment of Synavis injection. She completed 12 sessions of PT with minimal improvement according to review dated 4/4/11.

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

The ODG limits PT to 12 sessions after arthroscopic knee surgery. She completed 12

sessions of PT with minimal improvement according to review dated 4/4/11. While the ODG does allow extra therapy sessions, this is based upon abnormal gaits and "Depends on source of problem." This was not provided in the records available for review, nor were there any comments about the claimant's home exercise program. The operative report from November 2010 was not provided. The information reviewed does not justify a variance from the ODG recommendations. The reviewer finds that 12 physical therapy sessions are not medically necessary at this point in time.

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)