

# C-IRO Inc.

An Independent Review Organization  
1108 Lavaca, Suite 110-485  
Austin, TX 78701  
Phone: (512) 772-4390  
Fax: (512) 519-7098  
Email: resolutions.manager@ciro-site.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Nov/13/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

outpatient physical therapy 3xwk x 4wks

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

M.D., 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**

Official Disability Guidelines

Utilization review determination dated 10/07/11, 10/21/11

Physical therapy note dated 09/13/11, 06/28/11, 06/29/11, 07/06/11, 07/07/11, 07/08/11, 07/12/11, 07/13/11, 07/14/11, 07/20/11, 07/21/11, 07/22/11, 08/16/11, 08/19/11, 08/23/11, 08/24/11, 08/25/11, 08/30/11, 08/31/11, 09/01/11, 09/02/11, 09/07/11, 09/08/11, 09/09/11, 09/15/11

Missed visit report dated 07/01/11, 07/05/11, 07/19/11, 07/28/11, 08/18/11, 09/06/11

Office notes dated 09/14/11-10/03/11

Initial evaluation dated 06/22/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xxxx. According to an evaluation dated 06/22/11, the patient received a manipulation of his right knee under anesthesia and is awaiting surgical repair of the meniscus. As of 07/20/11 the patient is making good functional progress and has progressed to ambulation with a single axillary crutch. On 08/31/11 the exam note states that the patient has completed 18 PT visits status post MUA. He has made excellent progress lately, progressing to ambulation with a single tip cane or no AD and has made good range of motion gains. Active range of motion is -5 to 90 degrees. Note dated 09/13/11 states the patient has completed 24 PT visits; active range of motion is -3 to 97 degrees.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

This patient underwent right knee manipulation under anesthesia on 06/16/11 and has completed 26 postoperative physical therapy visits to date. There is no clear rationale provided as to why the patient's remaining functional deficits cannot be addressed with an independent, self-directed home exercise program. There are no exceptional factors of delayed recovery documented. 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. The reviewer finds no medical necessity

for outpatient physical therapy 3xwk x 4wks.

**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)