

Notice of Independent Review Decision

DATE OF REVIEW: August 22, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Physical therapy 3x3 weeks

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

This case was reviewed by a board certified Occupational Medicine physician currently licensed and practicing in the State of Texas.

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

| Type of Document Received | Date(s) of Record |
|---------------------------------------|--------------------------|
| A progress note and DWC-73 by, DO | 10/20/2011 |
| A progress note and DWC-73 by, DO | 10/31/2011 |
| A progress note and DWC-73 by, DO | 11/07/2011 |
| A letter by, DC | 11/10/2011 |
| A DWC 73 by, DC | 11/10/2011 |
| X-ray of the cervical spine | 11/15/2011 |
| X-ray of the thoracic spine | 11/15/2011 |
| X-ray of the lumbar spine | 11/15/2011 |
| X-ray of the right shoulder | 11/15/2011 |
| FCE from Diagnostic | 11/17/2011 |
| MRI right knee | 12/09/2011 |
| MRI right shoulder | 12/14/2011 |
| MRI lumbar spine | 12/14/2011 |
| MRI cervical spine | 12/27/2011 |
| MRI thoracic spine | 12/27/2011 |
| EMG/NCS of upper extremities | 01/04/2012 |
| A peer review by, DO | 01/10/2012 |
| A consultation report by, MD | 01/10/2012 |
| An initial consultation report by, MD | 02/10/2012 |
| A follow up report by, MD | 02/20/2012 |



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|--------------------------------------|--------------------------|
| A DWC-73 by, DC | 02/27/2012 |
| A DWC-73 by, DC | 03/13/2012 |
| A DWC-73 by, DC | 04/03/2012 |
| An operative report performed by, MD | 04/10/2012 |
| A DWC-73 by, DC | 04/16/2012 |
| A follow up note by, MD | 04/24/2012 |
| A DWC-73 by, DC | 04/27/2012 |
| A follow up note and DWC-73 by, DC | 05/13/2012 |
| A follow up note and DWC-73 by, DC | 06/01/2012 |
| FCE from Diagnostic Inc. | 06/07/2012 |
| A referral form by, MD | 06/11/2012 |
| A DWC-73 by, DC | 06/18/2012 |
| A physical therapy evaluation by, MD | 06/18/2012 |
| A physical therapy pre-auth request | 06/18/2012 |
| A letter from | 06/21/2012 |
| A letter from Healthcare | 06/20/2012 |
| A reconsideration letter from | 06/29/2012 |
| A follow up note and DWC-73 by, DC | 07/03/2012 |
| A DWC-73 by, DC | 07/17/2012 |
| Physical therapy notes | 11/10/2011 to 07/17/2012 |

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a female who sustained injury on xx/xx/xx when she tripped on the rug and fell sustaining injury to her right shoulder, right knee, right ankle and lower back. She was initially seen by Dr. and was treated with physical therapy. She also had x-rays, MRIs, and FCE done. She continued to report severe pain in her right shoulder and right knee and mild neck and back pain. On 01/10/2012, she was seen by Dr. who recommended cervical ESI. She then was seen by Dr. who recommended steroid injection to right shoulder and physical therapy. She subsequently had right knee ACL repair and medial and lateral meniscectomies on 04/10/2012 by MD. Post-operatively, the examinee was approved for 12 sessions of physical therapy. She was then seen by Dr. on 06/18/2012 who recommended additional physical therapy 3x3 weeks which was denied.

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

In this particular case, the ACL repair is not for a full thickness tear. Indeed the MRI did not show ACL problem but the surgeon did do some ACL repair, according to the ODG, post surgical ACL repair allows for 24 visits over 16 weeks. Based on Ms. progress from the therapy already received, the additional therapy would be reasonable for continued improvement in functioning and to avoid the prospect of falling and re-injury.

ODG Physical Medicine Guidelines –



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Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):

Medical treatment: 9 visits over 8 weeks

Post-surgical (Meniscectomy): 12 visits over 12 weeks

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):

Medical treatment: 12 visits over 8 weeks

Post-surgical (ACL repair): 24 visits over 16 weeks

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER
CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN 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)