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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/08/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

3 x 4 PT visit for the Bilateral Knees 97110 97112

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

M.D., Board Certified Orthopedic surgery

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 Chapter

Utilization review determinations, 01/03/12, 01/12/12, 08/26/11, 08/02/11, 07/12/11, 10/21/11

Office visit notes, 11/08/11, 01/04/12, 11/03/11, 08/16/11, 08/01/11, 07/27/11, 07/13/11, 07/07/11, 06/27/11, 06/23/11

MRI left/right knee 07/21/11

MRI lumbar spine 01/12/12

Physical therapy progress notes, 12/29/11, 12/28/11, 12/26/11, 12/14/11, 12/13/11, 12/12/11, 12/09/11, 12/07/11, 12/14/11, 12/05/11, 12/01/11, 11/30/11, 11/28/11, 11/17/11, 11/16/11, 11/14/11, 11/10/11, 11/09/11, 11/07/11, 11/04/11, 11/02/11, 10/31/11, 10/28/11, 10/27/11, 10/24/11, 10/20/11, 10/19/11, 10/17/11, 10/13/11, 10/12/11, 10/10/11, 10/06/11, 10/05/11, 10/03/11, 09/29/11, 09/22/11, 09/20/11, 08/31/11, 08/31/11, 08/29/11, 08/24/11, 08/23/11, 08/17/11, 08/15/11, 08/10/11, 08/08/11, 08/04/11, 08/03/11, 08/02/11, 07/29/11, 07/28/11, 07/25/11, 07/21/11, 07/20/11, 07/19/11, 07/15/11, 07/14/11, 07/12/11, 07/08/11, 07/06/11, 07/05/11, 06/30/11, 06/29/11, 06/28/11

Radiographic reports, 06/23/11

Handwritten progress notes, 01/04/12, 11/03/11, 08/16/11, 08/01/11, 07/27/11, 07/13/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. She tripped and fell while carrying equipment to her worksite and reported pain to her bilateral shoulders, wrists, knees and ankles. Radiographic report of the bilateral knees dated xx/xx/xx is reported as normal. MRI of the left knee dated 07/21/11 revealed anterior cruciate ligament tear; abnormal grade III signal intensity in the posterior horn and posterior body of the medial meniscus suggestive of meniscal tear; abnormal grade II signal intensity in the anterior and posterior horn of the lateral meniscus suggestive of myxoid degeneration; subcutaneous edema anterior to patellar tendon; subchondral defect in the patella. MRI of the right knee dated 07/21/11

revealed diffuse abnormal signal intensity in the posterior horn and posterior body of the medial meniscus secondary to myxoid degeneration or complex tear; chondromalacia patella; probably partial tear of the anterior cruciate ligament. She had a course of physical therapy followed by surgical repair of the bilateral ACLs on 09/08/11. She has completed approximately 37 postoperative physical therapy visits to date. Follow up note dated 11/03/11 indicates that the patient's reports symptoms are moderate. Medications include Cozaar, Detrol LA, Flexeril, Hydrochlorothiazide, Motrin, Norvasc, omeprazole. Physical examination on 11/07/11 notes that right knee range of motion is -3 to 128 and left knee range of motion is -4 to 125.

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

This patient underwent bilateral ACL repair on 09/08/11. There are 37 postoperative physical therapy progress notes provided since 09/08/11. The Official Disability Guidelines support up to 24 visits for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation in this particular patient's case. There are no exceptional factors of delayed recovery documented. Therefore, the reviewer finds that medical necessity does not exist for 3 x 4 PT visit for the Bilateral Knees 97110 97112.

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)