

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 Physical Therapy visits to right knee

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 01/25/12, 01/31/12, 01/17/12

Purchase order no date

Progress note dated 01/23/12, 12/12/11, 10/21/11, 09/16/11, 09/07/11

Operative note dated 09/01/11

Handwritten daily note dated 01/31/12, 01/11/12, 01/06/12, 01/04/12, 12/29/11, 12/27/11, 12/22/11, 12/20/11, 12/16/11, 12/13/11, 12/06/11, 11/29/11, 11/22/11, 11/15/11, 11/08/11, 10/31/11, 10/24/11, 10/18/11, 10/11/11, 10/04/11, 09/27/11, 09/20/11, 09/15/11, 09/12/11

Handwritten physical therapy evaluation dated 09/12/11

Letter dated 11/16/11, 01/16/12

Handwritten progress note dated 01/06/12, 11/22/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. The patient underwent right knee arthroscopy with ACL reconstruction with allograft, partial medial and lateral meniscectomy, reconstruction posterolateral corner, lateral patellofemoral ligament as well as popliteus and popliteofibular ligamentum on 09/01/11 and completed 24 postoperative physical therapy visits. Progress note dated 01/23/12 indicates that the patient is weightbearing as tolerated. On physical examination he ambulates with a normal gait. He has significant quad atrophy of his right quad compared to his left. There is an absent VMO. His incisions are healing well. He is neurovascularly intact distally. He is tender to palpation over the tibial screw. His range of motion is 0 to about 125 degrees. He lacks maybe 5 degrees compared to the left side. His knee is stable to varus testing at 0 and 30 degrees. He has a 1 to 2+ opening with valgus testing at 0 and 30 degrees. He has a 1+ anterior drawer. Negative posterior drawer and negative Lachman's are noted. He guards with pivot shift.

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

The submitted records indicate that the patient is status post right knee arthroscopy with ACL

reconstruction with allograft, partial medial and lateral meniscectomy, reconstruction posterolateral corner, lateral patellofemoral ligament as well as popliteus and popliteofibular ligamentum performed on 09/01/11 and has completed 24 postoperative physical therapy visits to date. The ODG support up to 24 visits of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient's compliance with an independent home exercise program is not documented.

The ODG state the patient should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. The reviewer finds medical necessity is not established for 6 Physical Therapy visits to right knee.

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)