

IRO Case # 40494

May 7, 2012

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Notice of Independent Review Decision

DATE OF REVIEW: May 7, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient post operative physical therapy (9PT) two to three (2-3) times weekly for six (6) weeks for a total of twelve to eighteen (12-18) sessions consisting of therapeutic exercises, therapeutic activities, ultrasound, group therapy, electrical stimulation (e-Stim), Iontophoresis and traction as it relates to the left knee. CPT Codes:

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

Diplomate, American Board of Physical Medicine & 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

PATIENT CLINICAL HISTORY:

The patient injured his left knee while exiting a vehicle. He reportedly twisted his left knee, which resulted in the immediate onset of moderate-to-severe pain. Despite exhaustive conservative care efforts, his pain continued.

An MRI scan of the left knee on, disclosed a partial medial meniscus tear, effusion, Baker's cyst with

moderate cartilage loss at the outer weight bearing surface of the medial femoral condyle and medial tibial plateau.

Definitive care was performed in the form of arthroscopic debridement on. The other pertinent medical records disclose a prior arthroscopy of the left knee in, and physical measurements of 6'1" @ 340 pounds.

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

Definitive care has been provided, as described above. Given the history of a prior arthroscopy in , it is likely that the patient has pre-existing, age-related changes which continue to provide persistent symptoms. Obesity plays a role in his optimal recovery. Consequently, no further care is reasonable or related to the injury of.

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)