

True Resolutions Inc.

An Independent Review Organization

500 E. 4th St., PMB 352

Austin, TX 78701

Phone: (214) 717-4260

Fax: (214) 276-1904

Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 97110, 97140, 16 visits, 2 x week for 8 weeks

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

Board Certified Orthopedic Surgeon

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 - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 08/30/13, 10/15/13

Handwritten patient progress note dated 08/26/13

Handwritten notes dated 08/20/13-08/26/13, 08/02/13-08/16/13, 07/17/13-07/31/13, 06/24/13-07/10/13, 06/06/13-06/21/13, 05/10/13-05/28/13

Handwritten lower quarter evaluation dated 05/10/13

Operative report dated 06/05/13

Soap note dated 06/06/13, 06/21/13, 07/23/13, 05/28/13, 09/24/13

MRI left knee dated 04/18/13

MRI left shoulder dated 04/18/13

Exercise flow sheet dated 05/10/13-08/26/13

Office note dated 05/09/13

Physical therapy progress note dated 06/17/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. She states she landed on her left side of her body and injured the left shoulder and knee. The patient underwent left knee arthroscopy with anterior cruciate ligament reconstruction using Achilles tendon allograft on 06/05/13. The patient has completed at least 22 postoperative physical therapy visits to date. Soap note dated 09/24/13 indicates that the patient complains of some stiffness and discomfort across the anterior knee particularly with stair climbing. On physical examination there is no swelling and no effusion of the left knee. Knee range of motion is 0/0/130 degrees. There is pain across the anterior aspect of the knee at extreme of flexion. Lachman is negative with a firm endpoint.

Initial request for PT 97110, 97140, 16 visits, 2 x week for 8 weeks was non-certified on 08/30/13 noting that when treatment duration and number of visits exceed guideline recommendations, exceptional factors should be noted. As there is no recent documentation from the physician reporting the patient's physical examination findings or current complaints, and the physical therapy progress note does not document the patient's current range of motion and did not submit a recognizable manual muscle testing examination, instead submitting a computerized test, the need for an additional 16 sessions of physical therapy is not established. As the patient has completed 22 sessions, the request for an additional 16 sessions far exceeds guideline recommendations. The patient should have been instructed in a home exercise program from the date of initiation of postoperative physical therapy and should be able to continue to progress utilizing a home exercise program. The denial was upheld on appeal dated 10/15/13 noting that the request for an additional 16 visits of physical therapy exceeds guideline recommendations and when treatment duration and/or number of visits exceed the guidelines exceptional factors should be noted.

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

The patient underwent left knee arthroscopy with anterior cruciate ligament reconstruction using Achilles tendon allograft on 06/05/13 and has completed at least 22 postoperative physical therapy visits to date. The Official Disability Guidelines support up to 24 sessions 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 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 as the guidelines recommend. As such, it is the opinion of the reviewer that the request for PT 97110, 97140, 16 visits, 2 x week for 8 weeks is not recommended as medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES