



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE: January 5, 2013

AMENDED: January 20, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twelve sessions of physical therapy for continued right knee pain

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

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

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)

The medical necessity has not been demonstrated for the additional therapy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI Referral information
2. Denial information
3. Office notes,
4. Physical therapy notes

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PATIENT CLINICAL HISTORY [SUMMARY]:

This female sustained a right knee injury in xx/xx/xx. On 08/23/12, a right knee arthroscopy was performed for a meniscal tear. Postoperatively, fifteen sessions of physical therapy have been completed and a home exercise program is in place. There is persistent pain. Dr. noted a tracking problem at the 11/07/12 office visit and on 11/12/12, he recommended surgery. The claimant was referred to Dr., a pain management specialist, who saw her on 12/06/12. He recommended additional physical therapy.

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

The Official Disability Guidelines endorse nine to twelve physical therapy sessions for postoperative knee rehabilitation. This claimant has had fifteen sessions with no improvement. Additional therapy is not endorsed by the ODG.

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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)