

Independent Resolutions Inc.
An Independent Review Organization

Phone Number:
(682) 238-4977

835 E Lamar Blvd. PMB 394
Arlington, TX 76011

Fax Number:
(817) 385-9610

Email: independentresolutions@irosolutions.com

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

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)

Description of the service or services in dispute:

12 sessions of physical therapy for the right knee

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. The patient states he was at work lifting some items when he had a rotation mechanism of injury of the right knee. The patient underwent right knee arthroscopy with partial medial meniscectomy, chondroplasty utilizing microfracture technique for traumatic chondral injuries patellofemoral articulation with arthroscopic lateral release and proximal patellar realignment for dislocating patella on 06/25/14. Progress report dated 08/29/14 indicates that the patient has been attending physical therapy. On physical examination range of motion is 0-124 degrees. Right knee manual muscle test grade is 4+/5 in flexion and extension. Physical therapy re-evaluation dated 10/01/14 indicates that the patient presents continuing to complain of right knee pain and instability. The patient is not currently taking pain medications. Range of motion is 0-126 degrees. Strength is 4+/5 in extension and 5-/5 in flexion.

Initial request for 12 sessions of physical therapy for the right knee was non-certified on 10/14/14 noting that the guidelines would support 12 physical therapy sessions over 12 weeks for postoperative treatment of dislocation of the patella. The records reflect that the claimant is status post a lateral release in June 2014. The claimant was noted to have some ongoing instability; however, there was no documentation of how many postoperative physical therapy sessions the claimant has undergone to date. Records do not reflect the clinical necessity of ongoing formal therapy versus an aggressive home exercise program. The denial was upheld on appeal dated 10/31/14 noting that additional records were not submitted for review. The guidelines would support 12 postoperative physical therapy sessions. The claimant has met this recommendation. The records do not reflect the claimant has any extenuating circumstances to support exceeding guideline recommendations.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient underwent right knee surgery in June 2014 and has completed at least 12 postoperative physical therapy visits to date. The Official Disability Guidelines would support up to 12 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 such, it is the opinion of the reviewer that the request for 12 sessions of physical therapy for the right knee is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)