

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Dec/31/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 9 sessions of additional post-surgical therapy for the left knee

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Orthopedic Surgery

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for 9 sessions of additional post-surgical therapy for the left knee is not recommended as medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 09/20/13, 10/21/13  
Certificate of medical necessity dated 09/24/13  
Progress note dated 09/13/13, 08/20/13, 07/23/13  
Appeal letter dated 10/04/13  
Handwritten lower extremity evaluation dated 10/22/12  
Follow up note dated 10/17/12  
Quick note dated 09/12/13, 09/05/13, 09/03/13, 08/26/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is xx/xx/xx. The patient was coming down some stairs when she slipped, fell about five stairs and hyperflexed her left knee. Per note dated 10/17/12, she previously had ACL surgery to this left knee and had been doing well. Progress note dated 07/23/13 indicates that the patient underwent left knee arthroscopy, partial medial meniscectomy and partial lateral meniscectomy on 07/17/13. She has no unusual complaints. On physical examination there is mild tenderness to palpation of the left knee and range of motion is mildly limited. Note dated 08/26/13 indicates that the patient continues to feel better following the cortisone injection last week. She has been having less symptoms. Progress note dated 09/13/13 indicates that she is recovering at home and is bearing full weight on the knee. The patient underwent left knee injection on this date. Medications are listed as glucosamine, ibuprofen, and melatonin. On physical examination there is mild tenderness to palpation and mild swelling of the left knee. There is mild limitation of range of motion. Left lower extremity is neurologically intact.

Initial request for 9 sessions of additional postoperative physical therapy was non-certified on

09/20/13 noting that the requested amount of supervised rehabilitation services would exceed what would be supported per criteria set forth by the above noted reference. As a result, currently, medical necessity for this particular request is not established per criteria set forth by guidelines. Appeal letter dated 10/04/13 from the patient indicates that the patient feels that she has not reached full gait potential and more physical therapy is needed in order to progress. The patient reports that she has been very compliant with all the doctors and the physical therapist orders and exercise protocol. The denial was upheld on appeal dated 10/21/13 noting that the patient has had 16 PT sessions to date. She should be able to perform active home exercises. Per telephonic consultation with therapist, the patient has done well and does not need any more PT. He stated she probably just asked for more PT.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient underwent left knee arthroscopy, partial medial meniscectomy and partial lateral meniscectomy on 07/17/13 and has completed 16 postoperative physical therapy visits to date. The Official Disability Guidelines 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 9 sessions of additional post-surgical therapy for the left 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 & 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)