

## **P-IRO Inc.**

**An Independent Review Organization**

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### ***Notice of Independent Review Decision***

**Case Number**

**Date of Notice:** 03/13/2015

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#### **Review Outcome:**

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

Orthopedic Surgery

#### **Description of the service or services in dispute:**

Physical Therapy:

Additional PT left knee 3 X wk X 3 wks; 1 unit per session

Neuromuscular Re-education Left knee 3 X wk X 3 wks; 1 unit per session

Manual Therapy Left knee 3 X wk X 3 wks; 1 unit per session

Therapeutic Activities Left knee 3 X wk X 3 wks; 1 unit per session

PT re-evaluation Left Knee X 1

**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)

#### **Patient Clinical History (Summary)**

The patient is a female whose date of injury is xx/xx/xx. On this date she was trying out for the xx when she was climbing down a 6 foot wall and fell off. She landed on her feet and felt a pop and valgus strain. The patient was seen and diagnosed with a knee/leg sprain. The patient completed 10 physical therapy visits. MRI of the left knee dated 08/22/14 revealed acute to subacute tear of the anterior cruciate ligament with bone contusion of the posterior tibial plateau and lateral femoral condyle; small to moderate joint effusion; intact menisci. Initial orthopedic consultation dated 09/02/14 indicates that deep tendon reflexes are within normal limits. There are no sensory or motor deficits. There is an effusion of the knee. There is no crepitus. Apley is positive. Posterior drawer is negative. Anterior drawer is positive. Lachman is positive. The patient subsequently underwent left knee arthroscopy with anterior cruciate ligament reconstruction on 09/15/14. Office visit note dated 01/06/15 indicates that the patient has completed a total of 47 physical therapy visits to date. Current medications are amoxicillin, microgestin and prednisone. The patient reports no pain in the knee but states it pops occasionally with range of motion and sit to stand. She can perform activities of daily living independently. She reports performing her home exercise program daily. On physical examination left knee range of motion is 12 degrees from full knee extension with no pain. Per note dated 01/14/15, the patient has completed 50 physical therapy visits.

Initial request for physical therapy: additional PT left knee 3 x wk x 3 wks; 1 unit per session; neuromuscular re-education left knee 3 x wk x 3 wks; 1 unit per session; manual therapy left knee 3 x wk x 3 wks; 1 unit per session; therapeutic activities left knee 3 x wk x 3 wks; 1 unit per session; PT re-evaluation left knee x 1 was non-certified on 01/13/15 noting that the request for additional physical therapy is well in excess of ODG recommendations for duration and frequency of xx year old xx who is expected to be familiar with exercise and who after 50 sessions is expected to be able to transition to home exercise program. The denial was upheld on appeal dated 01/22/15 noting that the patient has completed 50 supervised rehab sessions. This is well in excess of the ODG recommended maximum for the diagnosis of 24. There are no MD notes submitted for review and no documented rationale how the patient is not reasonably capable of pursuing an independent home exercise program given that she is pain free and has very functional knee active range of motion.

***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 on 09/15/14 and has completed 40 postoperative physical therapy visits to date. The Official Disability Guidelines support up to 40 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 physical therapy: additional PT left knee 3 x wk x 3 wks; 1 unit per session; neuromuscular re-education left knee 3 x wk x 3 wks; 1 unit per session; manual therapy left knee 3 x wk x 3 wks; 1 unit per session; therapeutic activities left knee 3 x wk x 3 wks; 1 unit per session; PT re-evaluation left knee x 1 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 AHCPH-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 Médical **Literature** (Provide a description)
  
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)