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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/25/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: continued outpatient post-op physical therapy (PT) to the left knee three (3) times per week over four (4) weeks to consist of therapeutic exercise, manual therapies, and neuromuscular re-education for no more than (4) units per sessions

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., 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 continued outpatient post-op physical therapy (PT) to the left knee three (3) times per week over four (4) weeks to consist of therapeutic exercise, manual therapies, and neuromuscular re-education for no more than (4) units per sessions is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. History and physical dated xx/xx/xx indicates that the injury occurred in a fall when stepping onto a van at work. The left knee popped and started hurting. The patient has been treated with a knee brace that was very helpful. The patient underwent left knee arthroscopy with chondroplasty and drilling and left knee arthroscopy with anterior cruciate ligament reconstruction utilizing patellar tendon allograft on 11/24/14. Progress note dated 12/17/14 indicates that the patient has started his first physical therapy session on this date and is doing much better. On physical examination range of motion is fair. There is tenderness and mild swelling with a large effusion. Motor function is intact to the lower extremities. Progress note dated 01/14/15 indicates that the patient is doing much better. Current medications are meloxicam, promethazine and Tylenol with codeine. On physical examination range of motion is 20-110 degrees. The joint is stable. There is tenderness with mild swelling and large effusion. Motor function remains intact. Progress note dated 02/11/15 indicates that the patient states he is doing much better. On physical examination range of motion is 6-120 degrees. Joint is stable. There is moderate effusion with tenderness and mild swelling. Progress note dated 03/11/15 indicates that on physical examination range of motion is 6-120 degrees. Joint is stable. There is moderate effusion with tenderness and mild swelling. Quad strength is 3/5.

Initial request for continued outpatient post-op physical therapy to the left knee three times per week over four weeks to consist of therapeutic exercise, manual therapies, and neuromuscular re-education for no more than 4 units per session was non-certified on 02/20/15 noting that the patient has been authorized for 24 postop physical therapy sessions to date. At this juncture, the patient should be able to transition to a home exercise program based on the physical therapy he has had. There are no documented extenuating circumstances to support physical therapy exceeding current treatment guidelines. The denial was upheld on appeal dated 03/02/15 noting that the claimant has made 70% improvement overall and has good range of motion and mild strength limitations. After 24 sessions, it is expected that the claimant would be well-versed in a home exercise program to address any ongoing limitations and complaints. The need for skilled services beyond the treatment guidelines has not been established as a medical necessity as exceptional factors warranting care are not reported.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient underwent left knee arthroscopy with chondroplasty and drilling and left knee arthroscopy with anterior cruciate ligament reconstruction utilizing patellar tendon allograft on 11/24/14 and has completed 24 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 such, it is the opinion of the reviewer that the request continued outpatient post-op physical therapy (PT) to the left knee three (3) times per week over four (4) weeks to consist of therapeutic exercise, manual therapies, and neuromuscular re-education for no more than (4) units per sessions is not recommended as medically necessary and the prior denials are upheld.

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)