

# **Independent Resolutions Inc.**

**An Independent Review Organization**

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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 11/30/2015

### **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:**

PT 2-3 X 6-8 weeks

**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. She injured her left knee when she shifted her weight to the left to hand a customer her change. Progress note dated 02/23/15 indicates that she has had three prior knee surgeries on the left. She has a torn left ACL from a prior injury. She underwent an injection on 01/31/15 that has helped. She is on restrictions at work. Diagnoses are listed as sprain of unspecified site of knee and leg and tear of medial cartilage or meniscus of knee. Re-evaluation dated 05/12/15 indicates that left knee range of motion is 0-125 degrees. Strength is 4+/5 in flexion and extension. The patient had completed 19 physical therapy visits as of this date. Re-evaluation dated 08/18/15 indicates that range of motion and strength are unchanged. Clinic note dated 09/16/15 indicates that the patient continues to complain of persistent left knee pain. On physical examination left knee reveals signs of mottling including her foot, calf and around the knee. Range of motion is 10-100 degrees. There is trace effusion. The patient was recommended for sympathetic nerve block.

Initial request for PT 2-3 x 6-8 weeks was non-certified on 08/27/15 noting that the requested amount of supervised rehabilitation services would exceed what would be supported per criteria set forth by the Official Disability Guidelines. The denial was upheld on appeal dated 10/05/15 noting that the clinical

documentation submitted for review did not provide the outcome of the previous 24 sessions of physical therapy to warrant continued treatment. Additionally, the request would exceed the guideline recommended duration of treatment and request is open-ended and does not specify the exact number of requested sessions.

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

The patient sustained injury to the left knee on XX/XX/XX and has completed 24 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. It appears that the patient has plateaued in therapy. 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 PT 2-3 x 6-8 weeks 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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)