

# US Decisions Inc.

An Independent Review Organization  
8760 A Research Blvd #512  
Austin, TX 78758  
Phone: (512) 782-4560  
Fax: (207) 470-1085  
Email: manager@us-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Feb/19/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** physical therapy 3x4 left knee

**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 this reviewer's opinion that medical necessity of the requested physical therapy 3x4 left knee has not been established at this time

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient has been followed for complaints of left knee pain following an injury on xx/xx/xx when he fell. The patient is status post left knee partial medial meniscectomy with ACL reconstruction performed on 09/08/14. The patient attended 16 sessions of postoperative physical therapy through December of 2014. The 12/04/14 physical therapy report noted some improvement in regards to left knee flexion both passively and actively. Previously, the measurements were 90 degrees active flexion and 95 degrees passive flexion with current measurements at 100 degrees active flexion and 105 degrees passive flexion. There was some improvement in strength and the patient continued to have mild weakness 4/5. The 02/05/15 evaluation noted continued pain and swelling in the left knee. No specific physical exam was reported at this evaluation.

The prior evaluation on 01/08/15 noted medial joint line tenderness with active flexion to 100 degrees in the left knee and mild weakness on flexion. The request for additional physical therapy for 12 sessions was denied on 12/22/14 as the requested 12 sessions would exceed guideline recommendations given the amount of physical therapy completed to date. The request was again denied on 01/22/15 as physical therapy guidelines had already been exceeded.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has been followed for persistent complaints of left knee pain following surgical intervention in September of 2014. The last period of physical therapy through December of 2014 was for a total of 16 sessions. The patient was noted to have had improvement in regards to range of motion and strength. From the most recent clinical reports in January as well as February 2015, it appears the patient's left knee condition was worsening. The patient did have continuing medial joint line pain with flexion to 100 degrees and mild weakness on flexion. However, the most recent evaluations did not provide any specific physical exam findings. The patient was reported to

be in significant pain with swelling. Given the concern for increasing symptoms in the left knee and without specific expectations from additional therapy, it is this reviewer's opinion that medical necessity of the requested physical therapy 3x4 left knee has not been established at this time 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)