

Pure Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 07/09/2015

Review Outcome:

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

Family Medicine

Description of the service or services in dispute:

Physical Therapy 6 sessions for the Right Knee

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 male who reported an injury to his right knee when he fell into a well while collecting samples. The clinical note dated 02/11/14 indicates the patient utilizing having complaints of right knee pain. The patient has been diagnosed with degenerative joint disease in both knees. X-rays of the right knee dated 06/26/14 revealed osteoarthritis at the lateral compartment that was rated as mild to moderate. The MRI of the right knee dated 07/11/14 revealed a status post partial medial and lateral meniscectomy without evidence of recurrent tear. Moderate to severe lateral compartment and mild to moderate medial and patellofemoral compartment right knee osteoarthritis was identified. Small joint effusion was further revealed. The letter of appeal dated 11/21/14 indicates the patient continuing with right knee pain. There is an indication the patient had completed a full course of physical therapy. The clinical note dated 05/15/15 indicates the initial injury occurred when he fell directly on his right knee. The patient continued with consistent complaints of right knee pain and swelling. The clinical note dated 05/18/15 indicates the patient having completed 12 physical therapy sessions to date. The patient reported feeling better with the physical therapy. The note indicates the patient utilizing a cane for ambulatory assistance. The patient has been utilizing tramadol for pain relief. The patient was able to demonstrate good range of motion with a full squat. The patient had been recommended for home exercise program although the patient evidently was requesting additional therapy. The therapy note dated 05/28/15 indicates the patient able to demonstrate 0-100 degrees of range of motion at the right knee. The patient rated his ongoing pain as 3-8/10. Tenderness to palpation was identified at the right medial joint line. The utilization review dated 06/17/15 resulted in denial for additional therapy as the request exceeded recommendations in regards to the number of physical therapy sessions begin requested.

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

The documentation indicates the patient complaining of ongoing right knee pain with associated range of motion deficits. There is indication the patient had previously completed a full course of physical therapy addressing the right knee complaints. The most recent clinical note indicates the patient having been recommended for a home exercise program to address any residual functional deficits at the right knee. Additional therapy would be indicated provided that the patient meets specific criteria including an objective functional improvement through the initial course of treatment with ongoing functional deficits.

There is an indication the patient is continuing with range of motion deficits the right knee. However, insufficient information had been submitted confirming the patient's objective functional improvement through the previously rendered therapeutic interventions. Given the lack of information confirming the patient's positive response to previously rendered therapy and taking into account the patient having been recommended by the provider for a home exercise program which appears to be appropriate for the patient's clinical findings, the request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for physical therapy times six sessions for the right knee is non certain 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)