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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/12/2016

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:

9 physical therapy visits for the left 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 on XX/XX/XX due to a machine falling. The patient does have previous diagnoses to include meniscus derangement to the left knee as well as chondromalacia patella and pain and stiffness to the knee. The patient was initially see in physical therapy on XX/XX/XX with a pain score of 4/10, with limited flexion to extension and pain with all movements. The patient did undergo an arthroscopic chondroplasty with synovectomy and partial medial meniscectomy XX/XX/XX prior to physical therapy. The patient did complete 9 previous physical therapy visits with the latest being XX/XX/XX. The patient rated his pain at a 3/10 and as high as an 8/10. The patient underwent treatment and has the ability to walk with constant pain. The patient is able to climb stairs with constant pain. The request was made for 9 additional therapy visits.

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

It is indicated per Official Disability Guidelines that the appropriate amount of physical therapy would be 12 visits over 12 weeks for a meniscectomy. It is noted that the patient has previously completed 9 visits of physical therapy. The patient has had improvement, though continues with pain and deficits; however, with the previous physical therapy being completed, the patient should be able to continue a home exercise program. It is also noted that the additional 9 physical therapy visits for the left knee would exceed the guideline recommendations of 12 visits. Given that there are no extenuating circumstances present to warrant the need to exceed the guideline criteria, the denial of 9 physical therapy visits for the left knee is upheld.

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)