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IRO Certificate #4599

DATE OF REVIEW: 5/10/16

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

18 additional Physical Therapy visits, Rt Knee, 3x week x 6 weeks, (s/p Hardware Removal 2/03/16) outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Physician Board Certified in Physical Medicine & Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overtured (Disagree)

Partially Overtured (Agree in part/Disagree in part) X

PATIENT CLINICAL HISTORY SUMMARY

Patient is a male who sustained an injury to the right knee at work in XX/XXXX. He had a remote history of patella Fx, underwent hardware removal on XX/XX/XX. He completed 11 visits of physical therapy. Even after those visits, he continued to have difficulty performing short arch quad and straight leg raise and mild hamstring muscle tightness and quad muscle atrophy. He also still had difficulty performing functional activities such as standing, walking, climbing stairs, and squatting. He ambulated with one crutch, and demonstrated antalgic gait pattern. As on XX/XX/XX, he was still using pain medication and using crutches. The second peer review physician noted that the PT recommended 6-18 additional sessions and felt that although some more sessions may be needed, 18 would be excessive and recommended a course of a fewer number of sessions, then a follow up exam to note improvement. Unfortunately, due to communication issues with the treating physician's office, this information was not communicated and orders were not modified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION

Opinion: I partially agree with the benefit company's decision to deny the requested service. However, I do think that the patient would benefit from additional physical therapy sessions, in the range of 8-10 additional sessions (2 x week for 4-5 weeks)

Rationale: This review pertains to the need for 18 additional physical therapy sessions after 11 PT sessions already completed for a patient s/p hardware removal. It is unclear what caused or is causing the quad muscle atrophy. There are also no records on the injury and what lead to the hardware removal. Upon reviewing the PT notes, there were a lot of units of passive modalities performed without clear functional gain. 18 more sessions for a total of 29 PT sessions for a post hardware removal patient would be excessive based on ODG.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)