

***Applied Independent Review
An Independent Review Organization***

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Notice of Independent Review Decision

Date of Notice: 12/20/2017

Review Outcome:

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

Physical Med & Rehab - Sports Medicine

Description of the service or services in dispute:

PT 3 X 2 weeks 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)

This case involves a now XXXX XXXX with a history of an occupational claim from XXX. The mechanism of injury is detailed as, the patient injured XXXX right knee after XXX. The current diagnosis is documented as knee pain, right anterior.

The patient underwent right knee arthroscopic partial excision, acute complex tear of the anterior horn of the lateral meniscus on XXXX. During the physical therapy assessment performed on XXXX, the patient reported continued troubles with kneeling, going up and down stairs, standing for greater than 3 hours and fully straightening XXXX right knee. The patient reported continued swelling after prolonged standing. XXXX rated XXXX pain a 6/10 at rest. The patient reported that XXXX has been doing XXXX home exercise program. The physical therapy session was noted to be the patient's 15th visit. During the physical examination, the patient ambulated with a mildly antalgic gait, lacking terminal knee extension during stance phase. There was tenderness to palpation noted at the medial and lateral joint lines. Active range of motion was 170° of flexion and 70° of extension. The patient was noted to have continued active range of motion, strength and functional limitations. Additional therapy was recommended to address continued functional limitations.

During the assessment on XXXX, the patient complained of continued right knee pain and swelling. The physical examination revealed no sensory or motor deficits. There was no calf tenderness. There was medial

and lateral joint line tenderness and slight effusion. The McMurray's test was negative. There was no ligamentous instability noted. A synovial injection to the right knee joint was recommended.

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

The Official Disability Guidelines indicate that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels.

The records indicate that the patient underwent right knee arthroscopic partial excision, acute complex tear of the anterior horn of the lateral meniscus on XXXX. The most recent physical therapy assessment indicated that the patient reported continued trouble with kneeling, stairs and prolonged standing. The most recent physical therapy session was noted to be the patient's 15th visit. The 6 additional sessions requested further exceed guideline recommendation and there were no exceptional factors to support additional formal physical therapy over continuation with the home exercise program.

Therefore, the decision to deny the request for 6 additional postoperative physical therapy sessions for the right 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 AHRQ-
- ☐ 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)