

Independent Resolutions Inc.
Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 7/16/2018 1:57:02 PM CST

Independent Resolutions Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

Date: 7/16/2018 1:57:02 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 8 sessions of post-op physical therapy 2 X wk X 4 weeks of the right knee

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XX with a history of an occupational claim from XX. The mechanism of injury is detailed as XX when XX leg gave out. The current diagnoses are documented as right knee pain, abnormal gait, and status post right knee quadriceps tendon repair. Past treatment included surgery, medications, and physical therapy. The patient underwent quadriceps tendon repair to the right knee on XX. In comparing physical therapy notes from XX and XX, it was noted XX range of motion improved significantly noting 44 to 125 degrees on flexion and -1 to 0 degrees on extension. On XX, the patient had complaints of pain to the right knee. Physical examination showed XX range of motion measured 0-130 degrees.

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

According to the Official Disability Guidelines, physical medicine is recommended to restore function such as range of motion and motor strength. The guidelines indicate that no more than 34 sessions should be necessary with documentation noting objective functional improvement. The clinical documentation submitted for review indicated this patient had significant functional improvement from the prior physical therapy. However, there was no documentation noting number of completed therapy sessions to date. Further, it was unclear why the patient would be unable to restore remaining deficits solely in a home exercise program. Consequently, the request is not supported. As such, the requested 8 sessions of post-op physical therapy 2 X wk X 4 weeks of the right knee is not medically necessary and therefore upheld.

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

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee and Leg (updated 07/06/2018), Physical medicine treatment.