

# Independent Resolutions Inc.

An Independent Review Organization

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**Date:** 5/15/2018 10:09:26 AM CST Amended 5/26/2018

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** PT 2 X 6 weeks left knee

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** Orthopedic 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 XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The patient was subsequently diagnosed with synovitis and tenosynovitis unspecified and sprain of the anterior cruciate ligament of the left knee. The patient subsequently underwent operative intervention of the left knee injury on XXXX. This consisted of left knee arthroscopy with anterior cruciate ligament reconstruction using autologous hamstring graft. XXXX also had excision of medial meniscal tear in addition to an ounce procedure with chondral defect of the medial femoral condyle. The patient also had arthroscopic synovectomy involving all 3 knee compartments to include the suprapatellar compartment, medial compartment and lateral compartment. Following surgery, the patient was enrolled in postoperative physical therapy. By XXXX, the patient had completed 18 sessions of postoperative therapy. The patient was showing improvements in range of motion and strength in the left lower extremity. On XXXX, the patient was given approval for 6 additional sessions of therapy. By XXXX, the patient had completed 24 sessions of postoperative therapy. XXXX strength has improved throughout the left lower extremity with XXXX range of motion have improved from 90° actively to 125° actively and from 95° passively to 130° passively. The patient received noncertification for an additional 12 sessions of therapy on XXXX. The rationale stated that given that patients are authorized for a maximum of 24 sessions of postoperative therapy following surgical reconstruction of the anterior cruciate ligament, the patient did not meet criteria for additional therapy. The physician submitted an appeal request for additional physical therapy on XXXX. The patient had not reached XXXX prior level of functioning and had only met a portion of XXXX postoperative goals. The prior note is of adverse appeal determination dated XXXX again stated that the patient did not provide an explanation for how the additional outpatient therapy would be of any further benefit rather as compared to a home exercise program. In addition, the request for 12 additional sessions did not allow for timely reevaluation of the patient. It would be reasonable for the patient to proceed with a home exercise program to address any remaining deficits. This request pertains to the request for 12 additional physical therapy sessions for the left knee.

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

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The patient was subsequently diagnosed with synovitis and tenosynovitis unspecified and sprain of the anterior cruciate ligament of the left knee. The patient subsequently underwent operative intervention of the left knee injury on XXXX. This consisted of left knee arthroscopy with anterior cruciate ligament reconstruction using autologous hamstring graft. XXXX also had excision of medial meniscal tear in addition to an ounce procedure with chondral defect of the medial femoral condyle. The patient also had arthroscopic synovectomy involving all 3 knee compartments to include the suprapatellar compartment, medial compartment and lateral compartment. Following surgery, the patient was enrolled in postoperative physical therapy. By XXXX, the patient had completed 18 sessions of postoperative therapy. The patient was showing improvements in range of motion and strength in the left lower extremity. On XXXX, the patient was given approval for 6 additional sessions of therapy. By XXXX, the patient had completed 24 sessions of postoperative therapy. XXXX strength has improved throughout the left lower extremity with XXXX range of motion have improved from 90° actively to 125° actively and from 95° passively to 130° passively. The patient received noncertification for an additional 12 sessions of therapy on XXXX. The rationale stated that given that patients are authorized for a maximum of 24 sessions of postoperative therapy following surgical reconstruction of the anterior cruciate ligament, the patient did not meet criteria for additional therapy. The physician submitted an appeal request for additional physical therapy on XXXX. The patient had not reached XXXX prior level of functioning and had only met a portion of XXXX postoperative goals. The prior note is of adverse appeal determination dated XXXX again stated that the patient did not provide an explanation for how the additional outpatient therapy would be of any further benefit rather as compared to a home exercise program. In addition, the request for 12 additional sessions did not allow for timely reevaluation of the patient.

It would be reasonable for the patient to proceed with a home exercise program to address any remaining deficits. However, this request pertains to the request for 12 additional physical therapy sessions for the left knee and the request is not medically necessary.

**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, 15th Edition (web), 2018, Knee and Leg Chapter, Physical medicine treatment. ODG Physical Medicine Guidelines –