

Clinical Summary ID #CS601284

Date: 10/09/2024 | Generated by: Smart Auth Engine  
**Approval Probability:** 98% | **Recall:** 99% | **Decision:** APPROVE **Reason:** Meets medical necessity criteria for post-operative ACL rehabilitation and outpatient physical therapy.

Member Information

Name	Lisa Wilson	DOB	06/14/1982
Gender	Female	Phone	(480) 555-1284
Group ID	NDA	Member ID	BCAZ-LISW1282
State	AZ	Marital Status	NDA

Authorization Information

Auth ID	P-10672977A	Auth Type	Outpatient
Auth Request Date	10/09/2025	Eligibility Type	Commercial (BCBS AZ)
Place of Service	11 (Office)	Service Type	Therapy
Request Type	Urgent	Dates	10/15/2025 – 12/10/2025

Provider Information

	Requesting Provider	Servicing Provider
Name	Dr. Andrew Thompson	Phoenix Physical Therapy Clinic
Specialty	Physical Medicine & Rehabilitation	Physical Therapy
NPI	1589643127	1789543011
Phone	(602) 555-4376	(602) 555-7210

Diagnosis

M62.561	Muscle weakness, right lower extremity
M25.661	Knee joint stiffness, right knee
Z98.890	Post-operative state, right ACL reconstruction

Services Requested

Code	Service	Units	Start	End
97161	Outpatient Physical Therapy Evaluation	1	10/15/2025	10/15/2025
97110	Therapeutic Exercise	24	10/15/2025	12/10/2025
97140	Manual Therapy	24	10/15/2025	12/10/2025

Vitals (10/15/2025)

BP	Pulse	SpO2	Temp
118/72 mmHg	72 bpm	98% (RA)	98.6°F

Current Medications

Medication	Dosage	Frequency	Indication
Ibuprofen	400 mg	Every 6 hours PRN	Pain / Inflammation
Losartan	50 mg	Daily	Hypertension
Cetirizine	10 mg	As needed	Allergies

Allergies: No known drug allergies

Radiology Summary

MRI (09/30/2025): ACL graft visualized in anatomic position; intact and well-aligned. Mild joint effusion consistent with post-operative state. No hardware or graft complications. Articular cartilage and menisci intact. Impression: Satisfactory post-operative appearance of ACL graft.

Assessment & Treatment Plan

**Assessment:** Post-operative right ACL reconstruction with mild stiffness and right leg weakness. Good recovery progress with no complications.

**Treatment Plan:**

- Physical therapy 3x per week for 8 weeks (24 sessions total).
- Therapeutic exercises for ROM, strength, and neuromuscular re-education.
- Manual therapy for joint mobility and flexibility.
- Home exercise program (quad sets, heel slides, leg raises, cycling).
- Ice and elevation for swelling management.

**Follow-up:** Reassess ROM and strength weekly; formal evaluation on 11/12/2025.

**Referrals:** Continued outpatient physical therapy.

Conclusion

Specific Criteria Met	Yes
Reason for Decision	Meets medical necessity for outpatient physical therapy post-ACL reconstruction

## Data Traceability

Attribute	Source
Member Information	Pre-Auth Form
Authorization Information	Pre-Auth Form
Provider Information	Pre-Auth Form
Diagnosis & Imaging	Operative / Radiology Reports
Medications & Vitals	PT Evaluation
Assessment & Plan	PT Evaluation & Doctor Notes
Smart Auth Prediction	Decision Support Engine