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DATE OF REVIEW: 08/28/2007

IRO CASE #:

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

This case was reviewed by a PM & R Physician. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy visits over four weeks for 12 sessions

REVIEW OUTCOME

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

Partially Overturned – approved 9 sessions (Agree in part/Disagree in part)

REVIEW OF RECORDS

- o Submitted medical records were reviewed in their entirety.
- o June 4, 2007 utilization review letter
- o June 22, 2007 utilization review letter
- o May 15, 2007 clinic note by M.D.
- o June 5, 2007 letter from, M.D.
- o April 12, 2007 bone scan report by M.D.

CLINICAL HISTORY SUMMARY

According to the medical records, the patient is a female who has had bilateral knee replacements after sustaining an industrial injury. A utilization review report rendered a non-certification for physical therapy. The report states that there is no explanation of how the patient has reflex sympathetic dystrophy in her non-injured knee. The reviewer noted that the patient has had physical therapy numerous times in the past, a right knee scope, replacement, and probably physical therapy after her injury as a conservative treatment as well. The report states that the patient is now getting physical therapy at a facility and the physician has claimed that it is not helping. There is no rationale to justify trying another facility for this nine year old injury in the physician's opinion. In addition, the Official Disability Guidelines were cited as not recommending physical therapy for chronic injuries.

A letter states that the patient was seen. A letter states that the original injury involved a left-sided torn meniscus and ultimately a meniscus repair and eventual total knee arthroplasty in 2006. The patient has reportedly been experiencing increased pain and swelling in her left knee region, for which she has been referred to the physician for evaluation and further treatment. An EMG was previously performed that illustrated a peripheral nerve injury. Upon examination, the physician found that the condition is consistent with RSD/Complex Regional Syndrome to the lower left extremity. Following the surgery, the patient had continued to experience pain and swelling that has become increasingly disruptive to her sleep, mobility, and quality of life at home. She had participated in a physical therapy program following surgery in April 2006, however, she has not been enrolled since July of 2006. She takes Lyrica for the pain in her injured left leg, however, the current dosage is apparently not providing enough relief. The physician stated that in order to address the underlying cause of the condition and better alleviate the strain on her quality of life, she would need to participate in a physical therapy program aimed at strengthening the joints in her lower left extremity. He stated that physical therapy is noted as the most fundamental component of treatment for RSD.

In reviewing the report, physical examination findings included right lower extremity well-healed excision with mild effusion in the left knee compared to the right, skin with slightly shine over her knee region compared to the left, and dysesthesia to touch. The patient had reported continuation of pain, numbness, burning, and swelling in her knee. She had been referred to the physician for evaluation of possible RSD. She reported difficulty with her knee regarding limited mobility and the condition is affecting her sleep and quality of life at home.

A utilization review report following an appeal states that the reviewed records do not clearly support a diagnosis of reflex sympathetic dystrophy. The report states that it is not clear how strengthening the joint is a goal of treatment for reflex sympathetic dystrophy. The physician reviewer stated that the patient has chronic pain in the knee, which is not likely to be resolved with physical therapy sessions, as she has already had this therapy before.

A bone scan was performed with an impression of very mild soft tissue hypervascularity around the left knee and mild increased uptake on the left at the lateral femoral chondral, patella, and underneath the tibial base plate. The radiologist stated that the findings described above might indicate ongoing healing or a mild reactive change. There was no evidence for a fracture, loosening, or a major bone abnormality.

ANALYSIS AND EXPLANATION OF DECISION

The patient demonstrates clinical signs consistent with a possible diagnosis of reflex and pathetic dystrophy or complex regional pain syndrome. At any rate, she has sustained an exacerbation with significant symptoms, which are affecting her ability to sleep and perform activities of daily living. According to the Official Disability Guidelines, physical therapy is recommended for knee conditions with a trial period of two to three weeks. In addition, the State of Colorado Department of Labor and Industries recommends a trial of physical therapy for three weeks for complex regional pain syndrome. Therefore, my recommendation is to partially overturn the decision to non-certify 12 physical therapy visits over four weeks to certify nine physical therapy visits over three weeks.

The IRO's decision is consistent with the following guidelines:

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE 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 AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

x PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(State of Colorado Department of Labor and Industries)

 OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

State of Colorado Department of Labor and Industries. Complex Regional Pain Syndrome. Therapeutic exercise, with or without mechanical assistance or resistance, may include isoinertial, isotonic, isometric and isokinetic types of exercises. Stress loading exercises are recommended. Indications include the need for cardiovascular fitness, reduced edema, improved muscle strength, improved connective tissue strength and integrity, increased bone density, promotion of circulation to enhance soft tissue healing, improvement of muscle recruitment, increased range-of-motion and are used to promote normal movement patterns. Can also include alternative/complementary exercise movement therapy. Therapeutic exercise programs should be tissue specific to the injury and address general functional deficits as identified in the diagnosis and clinical assessment. Patients should be instructed in and receive a home exercise program that progresses as their functional status improves. Upon discharge, the patient would be independent in the performance of the home exercise program and would have been educated in the importance of continuing such a program. Educational goals would be to maintain or further improve function and to minimize the risk for aggravation of symptoms in the future.

- (1) Time to produce effect: 3 weeks
- (2) Frequency: 1 to 3 times per week
- (3) Optimum duration: 4 to 8 weeks and concurrent with an active daily home exercise program.
- (4) Maximum Duration: 8 to 12 weeks of therapist oversight. Home exercise should continue indefinitely.

According to the Official Disability Guidelines, physical therapy for knee conditions is recommended. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific modalities. (Philadelphia, 2001) Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) A randomised controlled trial of the effectiveness of water-based exercise concluded that group-based exercise in water over 1 year can produce significant reduction in pain and improvement in physical function in adults with lower limb arthritis, and may be a useful adjunct in the management of hip and/or knee arthritis. (Cochrane, 2005) See also specific physical therapy modalities by name, as well as Exercise.