



REVIEWER’S REPORT

DATE OF REVIEW: 06/08/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy 3 times per week for 2 weeks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Physician in the State of Texas, D.O., with twenty years of clinical experience in the practice of pain management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

Medical records from treating physicians and physical therapist

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured as a result of a slip-and-fall on xx/xx/xx. According to the records, the claimant is not sure whether she landed on her knee, but she is fairly sure she twisted her left knee. An MRI scan was performed on 01/26/07, demonstrating a tear of the lateral meniscus and degeneration of the medial meniscus. Edema and soft tissue swelling over the lower half of the patella tendon was also noted. The claimant was referred for an orthopedic evaluation on 02/26/07, complaining of left knee pain. It was noted the claimant had undergone 3 weeks of physical therapy without significant improvement.

The physician reviewed the MRI scan himself, stating he did not see a tear of the lateral meniscus, only “minimal degenerative changes in the medial and lateral meniscii.” He recommended that the claimant work on patellofemoral exercises and consider knee injection. This physician’s associate ordered physical therapy for lateral meniscal tear on 03/15/07. On 03/19/07, the claimant was evaluated for that physical therapy. The physical therapist documented that the claimant had already undergone 8 or 9 sessions of physical therapy as recently as 3 weeks before with no significant improvement. The first of 6 physical therapy sessions was held on 03/19/07. After 6 sessions, on 03/29/07, the claimant reported that she was “worse today than on first visit,” and the physical therapist noted that none of the short-term or long-term goals had been met. An additional 12 physical therapy sessions to the left knee and left ankle were ordered on 04/08/07. This order was changed on 04/12/07 to physical therapy 3 times a week for 2 weeks for the left knee and left ankle. Two separate physician advisers reviewed that request, both of whom recommended non-certification of the request. Each physician reviewer documented the lack of medical reason or necessity for treatment based on ODG and ACOEM Guidelines.

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

This claimant has had at least 14 or 15 physical therapy sessions for a simple slip-and-fall injury and, perhaps, contusion of the left knee. There is no documentation or evidence of the claimant sustaining any injury to the left ankle. Despite 14 or 15 physical therapy sessions, the claimant reports absolutely no clinical improvement. Her MRI scan does not demonstrate evidence of any damage, injury, harm, or, for that matter, pathology within the left knee. It is clearly indicated that there was no evidence of a meniscal tear and that there was only minimal degenerative change noted.

Per ODG and ACOEM Guidelines, 14 or 15 sessions of physical therapy for a knee sprain would be excessive. Therefore, any additional physical therapy beyond the 14 or 15 sessions already performed, especially in light of the failure of that treatment to provide clinical benefit, would also be excessive and, therefore, not medically reason or necessity. Furthermore, there is no evidence of the claimant sustaining an injury to her left ankle, thereby making any request for physical therapy including the left ankle medical unreasonable and unnecessary as related to the work event. Therefore, per nationally accepted guidelines, and based upon the lack of clinical benefit from 14 or 15 physical therapy sessions so far, there is no medical reason or necessity for the requested additional 6 physical therapy sessions as related to the worked injury of xx/xx/xx. The claimant has had more than adequate treatment according to national guidelines, and there are no extenuating circumstances that would justify continuation of treatment, especially in light of treatment failure thus far.

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

(Check any of the following that were used in the course of your review.)

- XX 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.
- XX Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- _____Mercy Center Consensus Conference Guidelines.
- _____Milliman Care Guidelines.
- XX 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.
- _____Peer reviewed national accepted medical literature (provide a description).
- _____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)