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Notice of Independent Review Decision

Amended April 29, 2008

DATE OF REVIEW: APRIL 29, 2008/AMENDED APRIL 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient physical therapy

97002 Physical therapy re-evaluation (1 unit)
G0283 Electrical stimulation, unattended (12 units)
97035 Ultrasound (12 units)
97110 Therapeutic exercises (12 units)

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

- Fellow, American Academy of Orthopaedic Surgeons
- Licensed to Practice Medicine in State of Texas

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of outpatient physical therapy including 97002, G0283, 97035 and 97110..

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Office notes and PT progress notes (02/26/08 - 04/01/08)
- Utilization reviews (03/11/08 – 04/09/08)

- Office notes (01/14/08 – 02/27/08)
- MRI right knee (01/16/08)
- Physical therapy (01/29/08 – 02/26/08)
- Utilization review (03/11/08)

Therapy Services

- Office notes (02/26/08 - 04/01/08)
- MRI right knee (01/16/08)
- Physical therapy (01/29/08 - 03/07/08)
- Utilization reviews (03/11/08 – 04/09/08)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who was injured on xx/xx/xx, while working as a xxxx. He was trying to open a door and had his foot between the door and sustained a twisting injury to his right knee.

On January 14, 2008, M.D., evaluated the patient for right knee pain. Examination revealed some tenderness along the medial joint line and a positive medial McMurray's test. Range of motion (ROM) of the knee was 0-130 degrees with pain at extremes of flexion. X-rays revealed no acute changes. Dr. assessed right knee acute meniscal tear.

Magnetic resonance imaging (MRI) of the right knee revealed mild joint effusion/suprapatellar synovitis, and partial tear of the anterior cruciate ligament (ACL)/insufficiency. Dr. stated no surgery was needed and recommended physical therapy (PT).

From January through February, the patient attended 12 sessions of PT consisting of electrical stimulation, ultrasound, and therapeutic exercises. The patient stated that he was feeling much better with therapy, but would like to continue with strengthening prior to return to full duty as a firefighter. Dr. noted good stability with full ROM, but still some weakness in the quadriceps. He recommended additional PT.

In March, the patient attended a session of PT consisting of the aforementioned modalities.

The request for the additional PT was denied with the following rationale: *The PT note and single progress note indicate that the patient states he feels much better with therapy, but would like to continue with strengthening prior to returning to full duty as a xxx. The claimant is diagnosed with a partial ACL tear of the knee. Physical examination by the treating physician noted that the patient has good stability with full range of motion (ROM) with mild weakness of the quadriceps. The patient has attended 12 sessions of PT to date. The request for PT three times a week for four weeks is not certified at this time. The patient is noted to have made excellent progress with no deficits other than mild weakness of the quadriceps, which can be maintained in an unsupervised home exercise program (HEP). Supervised therapy is not warranted at this time.*

In April, Dr. noted the patient was having discomfort in his knee. Examination showed 1-2+ Lachman's and some decreased quadriceps tone. Dr. recommended PT.

An appeal for additional PT was denied with the following rationale: *Request for appeal of PT 3 x 4 weeks is not certified at this time. The patient is noted to have made excellent progress with only mild weakness, and, should further therapy be required for return to work, a functional capacity evaluation (FCE) should be performed to ascertain the patient's functional abilities and/or lack thereof.*

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

Reviewing the medical documentation, the patient had a partial tear to the anterior cruciate ligament. He has had 12 visits of physical therapy. He has no swelling with full range of motion with mild weakness. According to the ODG guidelines, the maximum amount of visits would be 12. There is no documentation from the patient's provider that the patient needs organized physical therapy other than a home based exercise program for further strengthening. And there is no documentation this patient has swelling, mechanical symptoms or symptoms of instability that would require further physical therapy other than that allowed per ODG.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**