

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 8/25/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97113 x 18: Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 2004.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

97113 x 18: Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who presented with a history of chronic right knee pain with the date of industrial injury on xx/xx/xx. According to a clinical note dated 7/8/2008, the injured employee is status post partial medial and lateral meniscectomy as well as chondroplasty of the patellofemoral joints medical compartment of the knee. She has completed 12 postoperative PT sessions, her provider is recommending an additional 18 aquatic PT visits over 6 weeks.

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

The records available for review include the past two denial statements and associated paperwork - orders for PT, clinic note from 7/8/08 from Dr. physical therapy flow sheet from April 2008, Worker's Compensation work status report from 8/12/08, and operative record from 4/3/08.

The operative report indicates in part "Everything looked very good. Chondroplasty performed on trochlear groove and medial femoral condyle for chondromalacia. The posteromedial and posterolateral compartments were found to be clear." The operative report does not indicate arthritic changes. In addition, there is no indication of standing radiographs of the knee to support a diagnosis of osteoarthritis.

The ODG guidelines state aquatic therapy may be helpful in osteoarthritis of the knee. There is no documentation to support this diagnosis though. ODG guidelines recommend aquatic therapy when a patient may be under decreased weight bearing or extreme obesity. There is no indication in the medical records of the injured worker's height/weight so BMI may be calculated. This employee has no weight bearing restrictions.

The injured worker had a surgery with a good outcome. Neither the clinic notes nor PT note indicate significant functional deficits necessitating more PT. The clinic note from 7/8/08 indicates the injured worker is more symptomatic in the right knee which is not what is being evaluated and treated with this request.

ODG guidelines state after meniscectomy there may be up to 12 visits, with weaning towards the end to progress to a home program. The request for aquatic therapy is in excess of the treatment supported for this injured worker.

The previous denials are upheld in accordance with the ODG 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
X 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A
DESCRIPTION)