

# Applied Resolutions LLC

An Independent Review Organization  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** August 28, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Physical therapy for the left leg/thigh three times a week for four weeks.

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Office note, Dr. 06/18/08, 07/16/08, 07/30/08  
PT hip evaluation, 06/23/08  
PT SOAP Notes, 06/23/08, 06/30/08, 07/02/08, 07/07/08, 07/09/08, 07/11/08, 07/14/08, 07/15/08, 07/18/08, 07/24/08  
PT Graph, 06/23/08 – 07/24/08  
MRI left knee, 07/10/08  
PT re-evaluation/progress note, 07/24/08  
Adverse Determination Letter, 07/29/08, 08/07/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This female was injured on xx/xx/xx when a desk she was working on fell, collapsing down on her legs injuring her left thigh and leg. Her history was significant for a left knee arthroscopy approximately 10 years prior where cystic degenerative changes of the anterior cruciate ligament were noted. She was seen in the emergency room after the injury and later given steroid medication. Dr. saw the claimant on xx/xx/xx and was

noted to be taking Tramadol. Her history was significant for arthritis in her knees. On examination she was noted to be obese, had fair left knee motion with pain at end range and medial and lateral joint line tenderness. She had a bruise over the anterior distal aspect of the thigh, tenderness over the left greater trochanter, and slight tenderness of the lumbosacral junction and left sacroiliac joints. Left knee x-rays showed severe spurring of the medial femoral condyle with slight lateral subluxation of the tibia. There was a small amount of spurring of the medial tibial plateau. The patellofemoral joint also had superior and inferior spurring and some spurring of the posterior condyles on lateral x-ray. Dr. diagnosed the claimant with a contusion and sprain of the left thigh and leg, osteoarthritis of the left knee with acute inflammation due to the recent injury and trochanteric bursitis of the left hip. He recommended Mobic, continuation of Tramadol and therapy three times a week for four weeks.

She attended therapy between 06/23/08 and 07/24/08. A left knee MRI on 07/10/08 revealed tricompartmental osteoarthritis most severe in the medial compartment with high grade articular cartilage loss in the central weight bearing surface. There was also patellofemoral compartment chondromalacia and thinning and lateral tilting of the patella. There was abnormal truncation of the medial meniscus which was a finding that can be seen with tear or partial meniscectomy. Based on the overall appearance partial meniscectomy was felt likely, but correlation with details of surgical history to whether there has been surgical history to account for the truncation versus a tear was needed. There was cystic degeneration of the anterior cruciate ligament and no evidence of a contusion or occult fracture.

At the 07/16/08 followup with Dr. it was noted that the second injection given at the last visit was helpful for a time. She was attending physical therapy which she felt had been very helpful. She reported ongoing pain in her thigh, knee and left calf. A small effusion was present on examination. Continuation of physical therapy three times a week for two weeks was recommended.

A physical therapy re-evaluation on 07/24/08 noted the claimant to be feeling better, but she felt she needed to gain more strength. There was a leg length discrepancy, less limited flexibility, improved strength, and less left thigh pain. Continued therapy twice a week for three weeks was recommended.

Dr. reviewed the case on 07/29/08 for additional therapy for the left thigh three times a week for two weeks. He spoke with Dr. who stated that the claimant had 1 session of therapy after which it was stopped as it was not approved. Dr. advised the physician that 9 visits of therapy were approved on 06/27/08. Additional therapy was denied. Dr. saw the claimant again on 07/30/08 with continued left knee pain which had increased since discontinuing therapy. There was a small effusion, fair motion, patellofemoral crepitance with grinding in the medial aspect of the knee with motion and medial joint line tenderness. A repeat steroid injection for the left knee was advised as was return to work limited duty starting 08/04/08.

On 08/07/08 Dr. reviewed the case for ongoing therapy for the left thigh three times a week for four weeks. Dr. denied the request stating that the claimant had attended 9 of the 10 requested sessions and that the request exceeded the current guidelines.

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

This claimant is two and one half months post an injury to her left leg and thigh. She has received 10 visits of physical therapy (including the initial evaluation) for diagnoses of a contusion, sprain of the left thigh and leg and left knee osteoarthritis. The Official Disability Guidelines recommends 12 visits of physical therapy over 8 weeks for sprains and strains of the knee/leg. Thus in accordance with the Official Disability Guidelines the claimant has received an appropriate course of therapy for her current injury/condition. While she has some ongoing reported limitations and has improved with therapy, ODG recommends a home based exercise program for maintaining and improving her range of motion and function. Further formal based therapy will not provide any further or superior benefits than an aggressive home exercise program for self-management of her chronic condition. Therefore, this reviewer would agree that an additional 12 visits of physical therapy for the left leg/thigh is not recommended as medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (i.e. Knee and Leg – Physical Therapy)

**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

- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)