COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

DATE OF REVIEW: **3/24/08**

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for six physical therapy visits including 97110, 97035, G0283, and 97140.

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

Texas Licensed Family Medicine M.D.

REVIEW OUTCOME:

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

X Upheld (Agree)

□ Overturned (Disagree)

□ Partially Overturned (Agree in part/Disagree in part)

The previously denied request for six physical therapy visits including 97110, 97035, G0283, and 97140.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Confirmation of Receipt of a Request for a Review dated 2/28/08.
- Request Form Request for a Review dated 2/27/08.
- Notice to CompPartners, Inc. of Case Assignment dated 3/5/08.
- IRO Request for Physical Therapy/Letter dated 2/27/08.

- Pre-Authorization Request dated 1/18/08, 1/3/08.
- Reconsideration for Physical Therapy/Letter dated 1/7/08.
- Operative Report dated 3/6/07.
- Subsequent Evaluation dated 12/28/07.
- Phone Call Note dated 1/4/08.
- Requesting Appeal for Physical Therapy dated 1/23/08, 1/4/08.
- Pre-Authorization Determination dated 1/23/08, 1/7/08.
- Fax Cover Sheet Comments dated 2/27/08, 1/18/08, 1/3/08.
- Notice to Utilization Review Agency of Assignment of Independent Review Organization dated 3/5/08.

PATIENT CLINICAL HISTORY (SUMMARY):
Age: xx years
Gender: Female
Date of Injury: xx/xx/xx
Mechanism of Injury: Felt a pop in her knee while pushing a cart up a ramp.

Diagnosis: Status post total knee arthroplasty on the right on 3/6/07.

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

This is a xx-year-old female who was injured on xx/xx/xx. The mechanism of injury involved pushing a cart up a ramp, and while doing so, she felt a pop in her knee. Her diagnosis was status post total knee arthroplasty on the right on 3/6/07. The patient had the above surgery, and an operative report was provided. The other progress note was from Dr., from 12/28/07. It indicated that the patient's pain in the knee was 7/10. She had an antalgic gait and an exacerbation of her pain. She ambulated with a cane. The progress note indicated that Dr. recommended the patient participate in physical therapy. However, this reviewer is unsure who Dr. is. The patient had her knee surgery, and apparently had a 4% impairment rating after a designated doctor's exam. Dr., the treating chiropractor, stated that he disagreed with the impairment rating. He went on to say that the patient was doing fine until she stumbled on her front steps. On physical examination, her ankle and patellar reflexes were 2+ bilaterally. Motor evaluation was normal, and sensory examination was normal. She had numbness on her scar. No range of motion was documented. The patient would continue with home exercises and was given a heat and ice pack with home instructions. Six visits of physical therapy were requested to "relieve and control this exacerbation." Because the patient's range of motion was not documented, but she had normal strength in the lower extremities, it made it difficult to determine that therapy is necessary. It is not clear if the patient had physical therapy since this re-injury. It is also not known how many physical therapy visits she had after her surgery. The Official Disability Guidelines recommend up to 24 visits over 10 weeks after a total knee arthroplasty. For a diagnosis of pain in the joint, nine visits over eight weeks may be allowed. However, only CPT codes 97110 and

G0283 are recommended under the CPT codes for automated approval. Ultrasound, which is 97035, and joint mobilization, which is 97140, are not recommended under the CPT codes for automated approval. It is not clear to this reviewer why the patient is seeing a chiropractor for knee complaints after a total knee arthroplasty. It was not documented if her orthopedist treated her recently for her exacerbation, and if so, if therapy was ordered. Without clarification of these issues, the current request is denied. The patient may benefit from physical therapy if she did not have any after her acute exacerbation. However, only some of the CPT codes would be recommended, including 97110 and G0283. The reviewer is unable to modify request in the state of Texas without the ordering physician's approval, and Dr. did not return the reviewer's calls over the course of three days. The reviewer found this unusual since Dr. was now on the 3rd review, and this was at his request. The request for therapy was denied previously two times in peer review and now was going to an independent review organization at his request. This reviewer concurs with the previous two, and the request is denied.

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

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
Official Disability Guidelines (ODG), Treatment Index, 6th Edition (web), 2008, Knee—Physical therapy.

ODG Physical Therapy Guidelines – Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.

Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks,

Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks, Post-injection treatment: 1-2 visits over 1 week, Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).