

True Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW: March 26, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

PT 3/week for 4 weeks

Including 97001- initial PT evaluation
97116-Gait Training
97010-Hot/cold packs
97113-Aquatic Therapy
G-0283 Electrical Stimulation

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

Prospective Concurrent Review 2/12/08; 2/20/08

Medical Records Dr. (3/22 6/19 7/19)06; (6/18, 7/16, 8/13, 9/11/, 10/3, 11/7)07; 1/7/08

Operative note 7/5/07 Partial medial and lateral menisectomy

Designated Doctor Report 1/9/08 Dr.

HEALTH AND WC NETWORK CERTIFICATION & QA 4/10/2008

IRO Decision/Report Template- WC

Occupational Orthopaedic Specialists 2/27/8 Peer Review
Designated Doctor Examination 3/31/07 Dr.
Medical Record Dr. 5/22/06
FCE 1/29/08 Dr.
Medical Records Dr. (4/20, 5/15,6/13,7/18)'06
MRI Report Dr.
Solutions 3/13/06 PT Request

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an obese xxx apparently injured in an altercation with a 6 year old. She developed back and neck pain and right knee pain. I am unclear of how she was injured. The reports did not describe any fall or twisting injury. The subsequent cervical and lumbar MRIs showed degenerative changes. The knee MRI report was not provided, but reportedly showed a tear in the posterior horn of the medial meniscus. She underwent a partial medial and lateral meniscectomy on July 5, 2007. She had pre and postoperative physical therapy. She had ongoing preoperative knee pain. RSD was at one point considered a problem, but later was dismissed. She has a history of ANA positive findings and fibromyalgia that predated her injury.

She continued to have symptoms of knee pain post surgery. The 8/13 evaluation reported no effusion, full extension, 100 degrees of flexion and some tenderness along the medial parapatella region. Dr. further wrote on October 7, 2007 that her knee gives out with popping and inconsistent findings on examination. He attributed the pain to the patellofemoral joint. He again wrote on 1/7/08 that “the symptoms at this time are not of a mechanical nature from the standpoint of her meniscus. All of her symptoms,,,localize primarily to her patellofemoral joint...” She had a valgus knee as is common in obesity. He described good knee motion and no ongoing hypersensitivity. A designated doctor examination in January 2008 by Dr. reported that she needed additional 12 sessions of physical therapy before being considered to be at MMI. An FCE in conjunction with the DD exam was reviewed by Dr. Dr. felt that there were “no physiological parameters to support that this was a maximum effort at all.”.

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

She was 6 months post op when evaluated by Dr.. She is now 8 months. The recommended and optimal treatments and recovery following the partial meniscectomies, per the ODG is 14 days for clerical work. The same time frame for patella femoral surgery. 12 sessions of PT over 12 weeks following surgery is also appropriate. She had ongoing patellofemoral pain that was presumably addressed with the initial pre and postoperative therapies. Based upon these findings, The Reviewer finds no justification for additional formal therapies. She should be able to continue with a home/self program. [Patellofemoral Syndrome](#) (PFS): While commonly treated with arthroscopic patellar shaving, this procedure is not proven in terms of long-term improvement. In cases of severe patellar degeneration, surgery is usually not helpful. For patients with rheumatoid conditions, patellectomy and patellar replacements are sometimes performed on active

patients. Other possible surgeries for PFS are lateral arthroscopic release and surgical realignment of the extensor mechanism.

ODG Return-To-Work Pathways

Arthroscopy, clerical/modified work: 7-10 days

Arthroscopy, manual work: 28 days

Arthroscopy, debridement of cartilage, clerical/modified work: 7-14 days

Arthroscopy, debridement of cartilage, manual work: 30 days

Arthrotomy, clerical/modified work: 21 days

Arthrotomy, manual work: 49 days

[Meniscus Tears](#): Patients with meniscus tears that are not severely limiting or progressive may not need surgical attention. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be as beneficial for older patients who are exhibiting signs of degenerative changes, possibly indicating osteoarthritis.

ODG Return-To-Work Pathways

Without surgery, clerical/modified work: 0-2 days

Without surgery, manual/standing work: 21 days

With arthroscopy, clerical/modified work: 14 days

With arthroscopy, manual/standing work: 42 days

With arthrotomy, clerical/modified work: 28 days

With arthrotomy, manual/standing work: 56 days

With arthrotomy, heavy manual/standing work: 84 days

Physical therapy

Recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific modalities. ...

Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy.

[\(Goodwin, 2003\)](#) ...

Post-surgical(Meniscectomy):12 visits over 12 weeks

Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):

9 visits over 8 weeks

Post-surgical: 12 visits over 12 weeks

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)