

# P-IRO Inc.

An Independent Review Organization  
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Notice of Independent Review Decision

**DATE OF REVIEW: MAY 9, 2008**

**IRO CASE #:**

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

PT 3 X wk X 2 wks on left knee

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

Doctor of Medicine (M.D.)  
Board Certified in 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  
Denial Letters 4/3/08 and 4/16/08  
Pyle 12/6/07 thru 4/25/08  
Hospital and OP Report 3/4/08  
MRI 11/9/07  
Rehab Services 3/13/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is status post arthroscopic meniscectomy and foreign body removal. He has only attended 4 post op therapy session and continues to have deficits in range of motion, strength and gait patterns.

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

ODG criteria allow for 12 post of visits after arthroscopic meniscectomy. The request for 6 more visits is reasonable and necessary.

Physical therapy	<p>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. (<a href="#">Philadelphia, 2001</a>) Acute muscle strains often benefit from daily treatment over a short period, whereas chronic injuries are usually addressed less frequently over an extended period. It is important for the physical therapist to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). (<a href="#">Rand, 2007</a>) Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. (<a href="#">Goodwin, 2003</a>) A randomised controlled trial of the effectiveness of water-based exercise concluded that group-based exercise in water over 1 year can produce significant reduction in pain and improvement in physical function in adults with lower limb arthritis, and may be a useful adjunct in the management of hip and/or knee arthritis. (<a href="#">Cochrane, 2005</a>) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term physical therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (<a href="#">Lowe, 2007</a>) Supervised therapeutic exercise improves outcomes in patients who have osteoarthritis or claudication of the knee. Compared with home exercise, supervised therapeutic exercise has been shown to improve walking speed and distance. (<a href="#">Rand, 2007</a>) A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion. The physical therapy visit may also include advice regarding assistive devices for ambulation. (<a href="#">Zhang, 2008</a>) See also specific physical therapy modalities by name, as well as <a href="#">Exercise</a>.</p> <p><b>ODG Physical Therapy Guidelines –</b>  Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the <a href="#">ODG Preface</a>.</p> <p><b>Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella</b> (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):  Medical treatment: 9 visits over 8 weeks  Post-surgical (Meniscectomy): 12 visits over 12 weeks</p> <p><b>Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear)</b> (ICD9 844; 844.2):  Medical treatment: 12 visits over 8 weeks  Post-surgical (ACL repair): 24 visits over 16 weeks</p> <p><b>Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis</b> (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):  9 visits over 8 weeks  Post-surgical: 12 visits over 12 weeks</p> <p><b>Pain in joint; Effusion of joint</b> (ICD9 719.0; 719.4):  9 visits over 8 weeks</p> <p><b>Arthritis (Arthropathy, unspecified) (ICD9 716.9):</b>  Medical treatment: 9 visits over 8 weeks  <b>Post-injection treatment: 1-2 visits over 1 week</b>  Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks</p>
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<p><b>Abnormality of gait (ICD9 781.2):</b> 16-52 visits over 8-16 weeks (Depends on source of problem)</p> <p><b>Fracture of neck of femur (ICD9 820):</b> Post-surgical: 18 visits over 8 weeks</p> <p><b>Fracture of other and unspecified parts of femur (ICD9 821):</b> Post-surgical: 30 visits over 12 weeks</p> <p><b>Fracture of patella (ICD9 822):</b> Post-surgical: 10 visits over 8 weeks</p> <p><b>Fracture of tibia and fibula (ICD9 823):</b> Medical treatment: 30 visits over 12 weeks Post-surgical treatment (ORIF): 30 visits over 12 weeks</p> <p><b>Amputation of leg (ICD9 897):</b> Post-replantation surgery: 48 visits over 26 weeks</p> <p><b>Work conditioning (See also <a href="#">Procedure Summary</a> entry):</b> 12 visits over 8 weeks</p>
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**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)**