

# Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW:** MAY 14, 2008

**IRO CASE #:**

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

PT 3 TIMES A WEEK FOR 4 WEEKS.

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

Board Certified in Physical Medicine and Rehabilitation and Pain Management

**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 2/28/08 and 3/13/08

PT Eval 1/23/08

Radiology Report 4/26/07

OP Report 4/26/07

MRI 2/27/08

CT Lower Extremities 4/25/07

1/08 thru 4/08

4/24/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a man nearly XX years old. He fell on his left knee on XX/XX/XX. The description of the fracture was a complex tibial plateau shattering into the metaphysis and diaphysis. He underwent surgery the next day. Apparently he had ongoing pain and was in a pain clinic. He was seen for additional therapy. The progress note in January describes a lack of full extension with an extensor lag. He had good flexion. He was still on partial weight bearing and had ongoing pain and a bone block. Dr. and Dr. described the man to be in severe pain. His radiological findings showed severe tricompartmental arthritis and probable ACL damage. Dr. , a different orthopedic surgeon from the one who did the original surgery, feels he needs a total knee replacement. He is not in a current exercise program.

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

This man had a severe knee fracture and continues to have problems with it. The Reviewer is not clear if he had any pre-existing arthritis of the knee. Since he is to have a total knee replacement, there is little to be gained in having him undergo the 12 sessions of PT. This was requested before Dr. saw him.

In short, the Reviewer agrees with the prior adverse decisions not to provide additional 12 sessions of therapy, but only because he will need additional therapy, and he is not at maximal improvement.

The ODG does provide for therapies, but none match the postoperative complications described here.

**Arthritis: Therapeutic exercises are beneficial for knee osteoarthritis.** Acetaminophen is an effective agent for relief of knee pain. Although safer, it is less effective than NSAIDs. For safety reasons acetaminophen should be the first line treatment, with NSAIDs reserved for those who do not respond. Glucosamine may provide effective symptomatic relief for patients with osteoarthritis of the knee. In addition, glucosamine has shown promising results in modifying the progression of arthritis over a 3-year period. Glucosamine has a tolerability profile similar to that of placebo and is better tolerated than ibuprofen or piroxicam. Intra-articular injection of hyaluronic acid (e.g., Synvisc) can decrease symptoms of osteoarthritis of the knee. The short-term benefit of intra-articular (IA) corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported. Longer-term benefits have not been confirmed. **Total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function.**

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. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

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***

Abnormality of gait (ICD9 781.2):

16-52 visits over 8-16 weeks (Depends on source of problem)

Fracture of tibia and fibula (ICD9 823)

*Medical treatment: 30 visits over 12 weeks*

*Post-surgical treatment (ORIF): 30 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)