

# US Decisions, Inc.

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW: NOVEMBER 6, 2008**

**IRO CASE #:**

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

Physical Therapy, 3x/week for 4 weeks, 12 sessions, right knee sprain/strain

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for Physical Therapy, 3x/week for 4 weeks, 12 sessions, right knee sprain/strain.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 10/6/08, 9/17/08

ODG Guidelines and Treatment Guidelines

Letter to IRO, 10/23/08

Dr. 7/16/08

Healthcare, 4/15/08, 7/7/08, 8/18/08

MRI, 5/1/08

MD, 7/7/08, 9/3/08, 8/20/08

Operative Report, 6/26/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a man who was injured when he felt a pop in his knee getting up. He was subsequently found to have an oblique tear of the posterior horn of the medial meniscus and a mild sprain of the medial collateral ligament. He underwent a partial medial meniscectomy on 6/26/08. There was a subsequent request for 12 sessions of aquatic therapy on 7/7/08. Dr. agreed to this on 7/16/08. Dr. reported he was doing well, but with residual soreness. The therapist noted some weakness and lack of full extension and flexion. The therapist requested 12 additional sessions of physical therapy.

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

The ODG recognizes the importance of physical therapy after the meniscectomy. It allocates a total of 12 visits over 12 weeks. Aquatic therapy is considered an “alternative to land based physical therapy.” It is used to reduce shear forces of the tibial on femur, as after an ACL repair. The ODG recommends 12 sessions over 12 weeks with a reduction from three times a week to once or week or less. The patient has had 12 sessions. There were no medical records included in the review to explain why 12 additional therapy sessions are necessary and why this person is unable to continue with a self directed program. The reviewer finds that medical necessity does not exist for Physical Therapy, 3x/week for 4 weeks, 12 sessions, right knee sprain/strain.

Aquatic therapy

Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life. ([Bartels-Cochrane, 2007](#)) ([Hinman, 2007](#)) Results suggest that aquatic exercise does not worsen the joint condition or result in injury. ([Wang, 2007](#)) ([Wyatt, 2001](#)) According to one study, aquatic exercises can also be usefully and safely implemented in the rehabilitation program following ACL surgery, and whenever it is important to avoid excessive shear joint forces that constrain the tibial plateau anterior translation with respect to the femur. ([Biscarini, 2007](#)). For recommendations on the number of supervised visits, see [Physical therapy](#).

Physical medicine treatment

Recommended. Positive limited evidence...

ODG Physical Medicine 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](#).

Post-surgical (Meniscectomy): 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)