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Notice of Independent Review Decision

DATE OF REVIEW: October 19, 2008

IRO CASE #:

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

This case was reviewed by a PM & R (Board Certified) doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Appeal physical therapy, three times per week times six weeks, left knee

REVIEW OUTCOME

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

Overtuned (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o September 2, 2008 utilization review report from
- o August 25, 2008 utilization review report from
- o July 28, 2008 through August 27, 2008 records from

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient sustained an industrial injury on xx/xx/xx involving the knee. An August 25, 2008 utilization review report rendered a non-certification for 18 visits of physical therapy for the left knee. The report states that the claimant slipped on the floor and injured herself with her left lower extremity going into a valgus position. An MRI revealed meniscus tear and ACL tear. The patient stated that the knee is buckling and has a lot of swelling. The patient is to undergo surgery for the ACL tear and meniscus. The reviewer commented that the Official Disability Guidelines recommend 12 sessions postoperatively for meniscus tear and 24 sessions following ACL repair. The request did not outline if the request was for postoperative physical therapy. Also, it was noted that there is no clear evidence on the MRI of the meniscus tear or an ACL tear. The reviewer was apparently not able to speak with the requesting physician and the request was non-certified.

The request was again reviewed on September 2, 2008 and another non-certification provided. The reviewer commented that the clinical information failed to meet practice guidelines for the service requested. The requested 18 visits exceeds the practice guidelines. In addition, a review of the clinical notes of the physical therapist revealed recommendation for physical therapy instruction in a home exercise program for two to three visits.

In reviewing the medical records, a left knee MRI was performed on August 6, 2008. The findings included a small joint effusion, medial and lateral menisci intact, ACL diffusely attenuated, suspicious for a tear of indeterminate age (no pivot shift bone marrow edema pattern is noted). The other ligaments and tendons were noted to be intact. The impression was small joint effusion and poor visualization of the ACL, suspicious for a tear of indeterminate age.

An August 7, 2008 report states that the patient complains of left knee pain and giveaway. Examination findings included tenderness to palpation medially and posteriorly, small effusion, negative apprehension sign, positive Lachmann's with no

endpoint, guarding with pivot, negative posterior drawer, positive anterior drawer, and grade 3 Lachmann's with greater than 1 cm translation. A discussion was held about conservative treatment including bracing and therapy. However, the patient felt that her knee was very unstable and she would like to have surgery. The physician stated that surgery would be scheduled and therapy and a brace would be obtained to help her with her knee instability.

On August 19 2008, she was seen for a physical therapy evaluation as surgery was pending. The physical therapist recommended that the patient be seen two to three times total for instruction in a home exercise program. The patient would be reassessed after surgery or on an as needed basis as the patient progressed.

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

As noted below, the Official Disability Guidelines recommend 24 visits of post-surgical physical therapy for ACL tears and 12 visits for the medical treatment of ACL tears. The patient has MRI findings suspicious of an ACL tear as well as clinical examination findings consistent with such a diagnosis. The physician stated that surgery would be scheduled as well as therapy and bracing obtained. The physical therapist stated that two to three physical therapy visits were appropriate followed by a home exercise program and reassessment following surgery. This would amount to up to three preoperative physical therapy visits and 15 postoperative physical therapy visits for a total of 18. The quantity of preoperative physical therapy visits falls within the recommended 12 visits for medical treatment of ACL tear. The remaining 15 postoperative visits fall within the 24 visits recommended post-surgically. Therefore, my recommendation is to overturn the determination to non-certify the request for physical therapy, three times per week times six weeks, left knee.

The IRO's decision is consistent with the following guidelines:

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 KNOWLEDGBASE
- 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

According to the Official Disability Guidelines (2008): Knee Chapter
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. (Philadelphia, 2001) 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 therapy provider 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). (Rand, 2007) Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) 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. (Cochrane, 2005) 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. (Lowe, 2007) 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. (Rand, 2007) 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. (Zhang, 2008) See also specific physical therapy modalities by name, as well as Exercise.

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.

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (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

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):

Medical treatment: 12 visits over 8 weeks

Post-surgical (ACL repair): 24 visits over 16 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

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

Abnormality of gait (ICD9 781.2):

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

Fracture of neck of femur (ICD9 820):

Post-surgical: 18 visits over 8 weeks

Fracture of other and unspecified parts of femur (ICD9 821):

Post-surgical: 30 visits over 12 weeks

Fracture of patella (ICD9 822):

Post-surgical: 10 visits over 8 weeks

Fracture of tibia and fibula (ICD9 823)

Medical treatment: 30 visits over 12 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

Amputation of leg (ICD9 897):

Post-replantation surgery: 48 visits over 26 weeks

Work conditioning (See also Procedure Summary entry):

12 visits over 8 weeks

According to the Official Disability Guidelines (2008): Knee Chapter

Stretching and flexibility:

Under study. Results are mixed. In a controlled trial involving 298 military basic trainees, half of whom added hamstring stretching routines to their fitness program, the number of lower extremity overuse injuries was significantly lower with increased hamstring flexibility. (Hartig, 1999) In another trial involving 1538 male army recruits randomly allocated to stretch or control groups, results showed that a typical muscle stretching protocol performed during preexercise warm-ups does not produce clinically meaningful reductions in risk of exercise-related injury in army recruits. (Pope, 2000) Another meta-analysis confirmed

the same. (Yeung-Cochrane, 2002) Generally, stretching increases flexibility, but when done before physical activity, there is little evidence that it decreases the risk of injury, and it may actually be detrimental to athletic performance. On the other hand, regular stretching, done after or apart from exercise, is associated with better athletic performance. Time spent stretching before physical activity would be better spent warming up in other ways, in terms of injury prevention. (Herbert-BMJ, 2002) (Thacker, 2004) (Shrier, 2004) Stretching prior to physical activity has no effect in reducing injuries. (Hart, 2005) This Cochrane review located 10 relevant randomized trials looking at the effect of stretching before or after physical activity on muscle soreness. The 10 studies produced very consistent findings. They showed there was minimal or no effect on the muscle soreness experienced between half a day and three days after the physical activity. (Herbert, 2007)