



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 4/27/09

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for physical therapy, 3 times a week for 3 weeks.

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

Texas licensed Family Practitioner.

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 previously denied request for physical therapy, 3 times a week for 3 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet dated 4/23/09.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 4/23/09.
- Notice to, Inc. of Case Assignment dated 4/23/09.
- Request for Review by an Independent Review Organization dated 4/20/09.
- Medical Determination Letter dated 4/1/09, 3/9/09.
- Follow Up Note dated 2/23/09, 12/16/08.
- Treatment History Log dated 2/23/09 – 6/27/07.
- Functional Capacity Evaluation Report dated 2/4/09.
- Evaluation Report dated 2/2/09, 11/20/08, 11/18/08, 11/13/08, 11/11/08, 11/7/08, 11/6/08, 10/20/08.
- Orthopedic Examination and Evaluation Report/Letter dated 2/2/09.
- SOAP Notes dated 5/19/08 – 3/26/08.
- Flowsheet dated 4/22/08 – 3/19/08.
- PT Re-Evaluation Notes dated 4/21/08.
- Operative Report dated 2/13/08.
- Company Request IRO Information (unspecified date).
- ODG Integrated Treatment/Disability Duration Guidelines Knee Packet (unspecified date).
- List of Providers Sheet (unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury: xx-xx-xx

Mechanism of Injury: Jumped 5 feet from one roof to another, injuring his right knee.

Diagnosis: Status post arthroscopic partial lateral meniscectomy and open anterior cruciate ligament reconstruction, deep venous thrombosis and pulmonary embolism.

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

This is a male who was injured on xx-xx-xx, when he jumped 5 feet from one roof to another and injured his right knee. His diagnosis was status post arthroscopic partial lateral meniscectomy and open anterior cruciate ligament (ACL) reconstruction on February 13, 2008, deep venous thrombosis (DVT), and pulmonary embolism. The patient was treated with an extensive course of physical therapy. According to the information provided for review, he had 21 preoperative physical therapy visits and 33 postoperative visits. One year after his surgery, he continued to experience pain and swelling in his knee and had difficulty with ambulation. He had developed DVT and pulmonary embolism around the time of his surgery and his symptoms related to these problems

appeared to have resolved completely. His initial postoperative physical therapy in March and April of 2008, when he was one to two months postop, indicated that he was having difficulty with weightbearing and was apprehensive. He was encouraged to weightbear but would have pain when using his knee. Otherwise, his knee was asymptomatic and he did not have pain. He did appear to be making good progress with his initial physical therapy with improvements in his range of motion noted on each visit. He was discharged on approximately May 19, 2008, then presented to different physical therapist in October 2008. At that point, his range of motion in the knee appeared to have slightly regressed when compared to the previous therapist's assessment. For example, on May 12, 2008, his range of motion was 0 to 115 degrees, but on October 20, 2008, when he saw new physical therapist, knee range of motion was 10 to 95 degrees. He continued to have strength that was approximately 3+ out of 5 and the right posterior gluteus medius, maximus, the medial and lateral hamstrings, and 4- out of 5 in the right iliopsoas, and quads. He still was exquisitely tender over the medial and lateral aspect of the patellar tendon and surgical incision. By his 7th visit with the same therapist (on this second course of therapy), his strength was the same but range of motion had improved somewhat from 3 to 105 degrees. He saw his surgeon on December 16, 2008, who noted greater than 100 degrees flexion and full extension. He had moderate swelling and a trace Lachman's. He stated that he would have a "report" done to determine if additional therapy was indicated. He felt there quadriceps atrophy, however, on February 2, 2009, the patient had an independent orthopedic evaluation and measurement of his extremities showed that they were symmetric in girth, indicating no atrophy was present. He had 0 to 90 degree range of motion in the right knee and a positive Lachman's and anterior drawer sign. The evaluating physician felt the patient had reached maximum medical improvement (MMI). It had been a year since his surgery, and he had extensive therapy. He was rated with an 8% whole person impairment. A functional capacity examination was performed on February 4, 2009. The Functional Capacity Evaluation (FCE) report stated that the patient's previous work duties as a roofer required a very heavy demand level in lifting, carrying, pushing, and pulling. He would have to spend four to five hours a day standing and walking on uneven surfaces and regular bending, stooping, kneeling, and reaching. His current physical demand level was "medium with restrictions." This assessment was consistent with the orthopedic independent medical evaluator's recommendations, which stated that the patient could continue working a job eight hours a day, but he must spend of majority of his doing desk or bench work. He was restricted from standing or walking greater than three hours and an eight-hour workday and was unable to kneel or squat. This case has been reviewed by two previous peer-review physicians both of whom recommended adverse determinations for additional therapy. This reviewer concurs with the previous determinations and upheld the adverse determination. The patient had quite a lot of therapy with 54 total visits; 21 visits were preoperative and 33 were postoperative. He continued to have persistent complaints of pain and this did not appear to have changed over the course of a year. He had extensive therapy with instruction in therapeutic exercises. At this point, considering he had 54 physical therapy visits, he should be more than capable of continuing with an independent home exercise program. The Official Disability Guidelines allow for 24 visits of physical therapy over 16 weeks after an

ACL reconstruction. The patient is now more than a year out from his surgery and has exceeded the number of recommended postoperative visits by nine. Based on the foregoing explanation the adverse determination for additional physical therapy 3 times a week for 3 weeks is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Official Disability Guidelines, Web Based Version, 7th Edition, 2009, Knee Physical Therapy.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).