



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 4-15-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 12 sessions

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

Doctor in Chiropractic Medicine

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

xx-xx-xx Surgery.

Medical records reflect that on 1-19-09, the claimant began a course of postoperative physical therapy.

1-26-09 Interim physical therapy report.

2-12-09 the claimant completed 12/12 authorized physical therapy sessions.

2-25-09 a Functional Capacity Evaluation.

2-28-09 DC., Utilization Review Adverse Determination.

3-3-09 Therapy Center - DC., reconsideration letter.

3-4-09 DC., Utilization Review Adverse determination.

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx-xx-xx, the claimant underwent arthroscopy, removal of medial meniscus tear and removal of the flaps from the lateral femoral condyle and from the medial femoral condyle.

Medical records reflect that on 1-19-09, the claimant began a course of postoperative physical therapy.

On 1-26-09, an interim physical therapy report notes the claimant had completed 3 of the 12 approved sessions. The goal at this point are to Improve: Biomechanical function, coordination, range of motion, flexibility, strength, endurance and overall function; Educate the patient: on understanding spinal health measures, injury prevention and activities of daily living as they related to dealing with the effects of injuries the patient sustained. The focus of treatment at this point is improving range of motion and flexibility. Over the next 3-4 visits, his regimen will be adjusted to increase strength in his extensor and flexor muscle group. Treatment will be based on hot/cold packs, e-stim, manual therapy, and therapeutic procedures as well as a home exercise program.

On 2-12-09, the claimant completed 12/12 authorized physical therapy sessions.

On 2-25-09, a Functional Capacity Evaluation showed the claimant was capable of performing Light PDL.

2-28-09 DC., Utilization Review Adverse determination - the reviewer reported that request exceeded ODG recommended treatment guidelines and is not supported by the submitted documentation as medically necessary. The claimant's PDL satisfies his job duties. ADL's can be addressed in a self-directed home exercise program.

On 3-3-09, Therapy Center - DC., requested reconsideration for adverse determination. The evaluator noted the claimant had gone from a post-op Sedentary level to a Light level after 12 physical therapy sessions. He has met the material handling goals, however, there are still residual problems with certain non-material handling activity. The claimant is a forty-six year old male whose occupation is as a The claimant's occupation's Job Demand: Light Physical Demand Level. The claimant is currently performing at a: Light Physical Demand Level as per NIOSH. However, a reviewer must look past page 1 of the FCE and must actually be familiar with the occupation of the claimant before making a decision. The claimant is a door-to-door salesman. While the material handling activities have been met by the claimant, the "Activities of daily living" as the reviewer stated, is in fact the major non-material handling component of the claimant's occupation. The claimant's occupation requires him to walk and stand for 8-10 hours per day and squat and kneel when locating a potential client's cable jack. Had the reviewer read the FCE and been informed with regard to the claimant's job and its demands, he would have made these observations. The request for additional therapy was not intended to improve "activities of daily living". Rather, it was intended to improve key components of the claimant's occupation. Additionally, the claimant's injury included a bucket-handle type tear of the medial meniscus as well as a severe flap of the lateral femoral condyle, which had to be removed and shaved. The evaluator reported he mentioned this because the diagnosis of "meniscus tear" does not fully indicate the severity of the knee injury. While the 12 visits per ODG represent the maximum justified, it is not meant as a cap for treatment and the evaluator noted that this particular case extends beyond the ODG's recommended maximum.

3-4-09 DC., Utilization Review Adverse determination. The reviewer reported the claimant is capable of occasional dynamic lifts up to 25 lbs, which falls into the Medium PDL. His normal work duties only require a light duty PDL. The claimant should be capable of normal work duties based on the submitted information. The claimant has already had sufficient supervised therapy to continue with a home exercise program according to ODG.

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

Review of file shows claimant has indeed, reached required PDL with some deficits remaining, following a course of 12 post-operative physical therapy sessions. Although ODG physical therapy recommendations are not meant to be strict limits, they too expect that treatment will be tapered from 3 x per week toward 1 x per week as home therapy takes a larger role, which is clearly not done in this case. While the claimant's employment is said to require higher capability in some areas, those remaining deficits may be reasonably and directly addressed by the claimant's home exercise program and/or temporary work duty modification. Evidence-based medicine has shown that transition toward home or workplace activities is preferable to continued supervised intervention, and no evidence is presented here that demonstrates why this claimant cannot maintain and exceed current capability in this manner. Therefore, the request for 12 additional physical therapy sessions is not certified.

ODG-TWC, last update 03-31-09 Occupational Disorders of the Knee - Physical therapy :

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

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)**