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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy x 12 visits (97113, 97140, G0283)

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

M.D., Board Certified Orthopedic Surgeon

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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 6/2/09, 6/30/09

MRI 06/08/04

MRI lumbar spine 11/19/04

EMG 01/19/05

X-ray right knee 07/07/05

Office notes 10/23/06, 11/09/06, 11/14/06, 01/19/07

Dr. IME 07/02/07

EMG 03/27/08

Chiropractic note 07/01/08

MRI right knee 07/28/08

Dr. peer review 08/11/08

Dr. office note 09/16/08

Office Visits 11/21/06, 11/28/06, 12/06/06, 12/19/06, 01/29/07, 02/07/07, 02/21/07, 02/28/07, 04/11/07, 07/31/07, 08/22/07, 09/04/07, 09/17/07, 10/23/07, 12/27/07, 12/28/07, 02/01/07, 04/02/08, 05/19/09, 06/23/09

Chiropractic 07/11/08, 08/20/08

Dr. 112508, 12/23/08, 01/27/09, 03/03/09, 06/16/09

Dr., DC 05/19/09, 06/23/09, 07/22/09

Radiology Requisition

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year old injured on xx/xx/xx when she fell off a ladder. She sustained a right tibial plateau fracture that required open reduction with internal fixation (ORIF) and injury to her neck and low back.

A 06/08/04 MRI of the right knee showed a tear of the posterior medial meniscus, degenerative change of the lateral meniscus, effusion and synovitis as well as the internal fixation of the tibial plateau. The 11/19/04 MRI of the lumbar spine documented an L4-5 disc bulge with mild bilateral foraminal encroachment. The 01/19/05 EMG showed a focal compression neuropathy of the peroneal nerve at the fibular and and/or the tibial plateau but there was no radiculopathy. The 07/07/05 x-rays of the right knee noted the ORIF of the tibial plateau with mild irregularity of the surface of the lateral tibial plateau.

The claimant treated with office visits in 2006 for neck pain, low back pain, burning of the right knee, pain in the left gluteal region and tingling in the right gluteal area. The examinations noted there was tenderness and spasm but no neurological deficits were documented. Special studies were recommended.

The 01/19/07 office notes indicated an EMG and the MRI had been denied. Orthopedic referral was recommended. The 02/16/07 office visit note related that she was seen by Dr. and surgery had been recommended.

On 07/02/07, Dr. saw the claimant for an Independent Medical Examination. The claimant reported pain in the low back and right leg. At that time, she had been seeing a chiropractor for 8 months. The examination noted flexion to the distal thigh. She was able to toe and heel walk. There was right quadriceps atrophy and valgus right knee deformity of 12 degrees with mild medial laxity. Dr. felt that the claimant did not need any further treatment for her back. During the remainder of 2007 the claimant had ongoing treatment for chronic pain complaints with no change in the examination.

The 03/27/08 EMG showed acute irritability of bilateral L4, right L5 and S1 motor roots with no slowing of the peroneal nerve.

On the 07/01/08, chiropractic notes the claimant had pain in her neck, low back, right shoulder, right hip and knee. The examination showed knee flexion 100 degrees and 15 degrees valgus. Right shoulder abduction was 115 degrees. There was limited cervical motion. Right thigh atrophy was again documented. Straight leg raise was positive on the right. There was spasm and tenderness of the cervical spine and lumbar spine.

A 07/28/08 MRI of the right knee showed the ORIF of the lateral tibial plateau with moderate osteoarthritis of the lateral compartment. There was complex lateral meniscus tear and medial and patellofemoral osteoarthritis.

On 09/16/08, Dr. noted the claimant had difficulty walking and getting in and out of chairs. She reported neck, low back and right shoulder pain and that the right knee was swollen and tender. The examination documented pain in the thoracic spine and neck. She was unable to raise her right arm overhead. The right knee was tender and there was "genu varum." Motion was 0-100 degrees. No neurological deficit was appreciated. He recommended referral to orthopedics and MRI of the right shoulder, knee and foot, as well as medications.

In 2009 visits continued with Dr. for the same complaints. There was no significant change in her examination findings. Treatment with Dr. DC, on 05/19/09 was noted to be a "subsequent evaluation" and he appeared to provide treatment. Further therapy was denied in June 2009. Dr. requested reconsideration of the denial on 06/22/09 for exacerbation and noted that without passive care treatment would not be effective. The reconsideration was denied again on 06/30/09 noting that treatment was excessive.

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

Based on the information available, the request for 12 additional therapy visits cannot be recommended. While the claimant had a significant injury to her right knee and has developed degenerative changes with some limitation of motion, this does not appear to be the focus of her complaints. It appears her pain is related to her cervical and lumbar spines. In review of the medical records, while there is subjective pain there are no significant changes on imaging and no neurological deficits. Despite past extensive chiropractic treatment, her pain complaints have remained unchanged through the course of the records from 2004 through 2009. This would support that additional therapy would not be of benefit to reduce pain or improve function and the duration of the requested treatment exceeds OGD recommendations for therapy. The reviewer finds that medical necessity does not exist for Physical Therapy x 12 visits (97113, 97140, G0283).

Official Disability Guidelines 2009 Chronic Pain, Physical Medicine and Preface

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 OGD Preface

Myalgia and myositis, unspecified (ICD9 729.1)

9-10 visits over 8 weeks

Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)

8-10 visits over 4 weeks

When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

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

ACOEM-AMERICA 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

OGD-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)