



Notice of Independent Review Decision

DATE OF REVIEW:

02/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Eight sessions of right knee physical therapy (CPT codes 97110, 97530, 97112, 97113, and 97140).

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME

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

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.

Eight sessions of right knee physical therapy (CPT codes 97110, 97530, 97112, 97113, and 97140) are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 02/09/09 report from, M.D.,
- 02/06/09 MCMC Referral
- 02/06/09 Notice To MCMC, LLC Of Case Assignment, DWC
- 02/05/09 Confirmation of Receipt of a Request For a Review, DWC
- 02/05/09 Fax Message Delivery memo,
- 02/05/09 Case Report, MCMC
- 02/05/09 Request For a Review By An Independent Review Organization, DWC
- 01/28/09 (received date) summary of claimant's case
- 01/21/09 letter from 01/21/09 Pre-Authorization Decision and Rationale
- 01/20/09 memo from with memo dated 01/16/09 from
- 01/16/09 results of pre-authorization request,
- 01/15/09 (Date Ent) request for Pre-Authorization
- 01/15/09 Fax Message Delivery memo,
- 1/14/09 to 01/28/09, 11/14/08 to 12/22/08, 10/29/08 office notes, , M.D.
- 01/13/09 letter from

- 01/13/09 Pre-Authorization Decision and Rationale
- 01/12/09 memo from, M.D., with memo from dated 01/09/09
- 01/08/09 (Date Ent) request for Pre-Authorization services
- 01/08/09 Fax Message Delivery memo,
- 12/22/08 prescription note, Orthopedic Associates
- 12/16/08 (received date) summary of claimant's case
- 12/15/08 letter from
- 12/15/08 memo from with memo dated 12/11/08 from
- 12/15/08 Pre-Authorization Decision and Rationale
- 12/10/08 Fax Message Delivery memo from
- 12/10/08 (Date Ent) request for Pre-Authorization
- 12/02/08 Progressive Evaluation, PT, Orthopedics and Rehab
- 11/14/08 memo from, D.C. with memo dated 11/13/08 from, RN
- 12/02/08, 11/26/08, 11/24/08, 11/20/08, 11/10/08. Notes, , PT,
- 12/02/08, 11/10/08 Prescription/Plan of Care, PT, Orthopedics and Rehab
- 11/10/08 Initial Evaluation, PT,
- 11/07/08 prescription note,
- 05/21/08, 04/23/08, 03/26/08, 03/05/08, 02/21/08 notes, M.D.
- 03/11/08 Initial Evaluation, Physical Therapy
- 02/28/08 telephone note, , M.D.
- 02/27/08 MRI right knee,
- Undated Pre-Authorization Information forms (two)
- Undated summary of claimant's case
- ODG Guidelines for 844.2 Cruciate ligament of knee

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx with a diagnosis of Knee Cruciate Ligament Sprain with associated Anterior Cruciate Ligament (ACL) full thickness tear in xx/xx, who has received physical therapy early post injury with nine to twelve sessions. The provided therapy improved the flexion of the knee to near normal in flexion absent to five degrees of the normal knee; with additional therapy noted in 11/2008 and 12/2008. The injured individual is nearly one year post injury. The injured individual recently received education for a home exercise program. The current complaint is some instability of the knee and mild restricted range of motion in flexion. The doctor has recommended eight continued physical therapy sessions; both aquatic and land based, on 01/13/2009. There is no indication that the injured individual cannot perform land based exercises. The injured individual is concerned that without formal physical therapy she will relapse and there is evidence of some small loss of full flexion of the knee as of 01/28/2009.

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

Official Disability Guidelines (ODG) for medical treatment for a post ACL Tear is twelve visits of physical therapy over eight weeks plus a home directed program. Therapy should be started early post injury.



This is a case where the ACL tear was treated without surgery and the injured individual was provided with nine to twelve sessions of physical therapy one year ago. There was improvement and she was able to work with a brace. Recently there was a regression of symptoms including some instability and loss of full flexion. Therapy notes on 11/20/2008 indicated that the flexion was seven degrees absent full flexion. On 12/02/2008 it was five degrees absent full flexion. A home exercise program was given.

The standard accepted ODG guidelines were provided and completed and at this time the injured individual is performing a home exercise program. The condition is one year old which places the injured individual into the category of a chronic post ACL tear injury with associated deficits. It is not clear how additional formal physical therapy would provide any long lasting permanent improvement.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES