

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: February 11, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 12 additional sessions

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Utilization review (12/24/08 – 01/12/09)

Office visits (10/20/08 – 01/29/09)

Operative note (10/17/08)

PT evaluation (10/23/08)

Diagnostic studies (02/29/08 – 10/10/08)

Reviews (04/11/08 – 04/16/08)

Office visits (03/04/08 – 01/29/09)

Operative note (10/17/08)

Rehab notes (12/19/08)

ODG have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who was injured on the job on xx/xx/xx. He slipped at work and fell off a step, hitting the anterior aspect of his right knee and twisting it at the same time.

In February 2008, the patient was evaluated by [redacted], M.D., for pain and swelling in the right knee. Examination revealed slight effusion, -5 degrees of extension to 120 degrees of flexion, medial and lateral joint line tenderness, and positive McMurray's and reverse McMurray's (more medial than lateral). X-rays of the right knee were unremarkable. Magnetic resonance imaging (MRI) of the right knee revealed: (1) A meniscal tear extending to the inner free edge of the posterior horn of the medial meniscus at its root. (2) Mild-to-moderate osteoarthritic changes within the medial and patellofemoral joint spaces, with grade III chondromalacia, asymmetric worse along the weightbearing portion and posterior aspect of the medial femoral condyle and medial tibial plateau, adjacent to the medial meniscal tear at its root. Underlying subcentimeter cystic changes and tiny adjacent osteophytic spurring noted. (3) Trace joint effusion, small Baker's cyst, and small amount of fluid within the semimembranous/medial gastrocnemius bursa, pes anserinus bursa, and popliteal recess.

A second opinion was obtained from [redacted], M.D., who interpreted the right knee MRI as follows: (1) Tiny inner edge radial tear of the posterior horn of the medial meniscus at the central attachment superimposed on degeneration of the body and posterior horn. (2) Grade II to III chondromalacia along the weightbearing articular surface of the medial femoral condyle and the medial tibial plateau, tiny subchondral cyst posterior medial femoral condyle, marginal osteophytes, less prominent grade II chondromalacia within the lateral tibial plateau. (3) Focal grade II chondromalacia at the patellar apex and adjacent medial and lateral facets. Grade II chondromalacia at the trochlear apex.

[redacted], M.D., performed a peer review and rendered the following opinions: (1) Decision about surgery could be made after conservative treatment. (2) Tricompartmental chondromalacia and degenerative process were not related to the work injury. (3) Conservative treatment in the form of injection followed by physical therapy (PT) would be appropriate, and if that failed then arthroscopic surgery could be considered. [redacted], M.D., opined arthroscopic surgery for medial meniscectomy would not be reasonable or necessary due to the level of pathology found and the minimal symptoms present.

On October 17, 2008, Dr. [redacted] performed arthroscopic examination of the right knee, partial medial meniscectomy, partial lateral meniscectomy, arthroscopic debridement of the damaged articular cartilage and traumatic grade III chondromalacia of the medial femoral condyle and patellofemoral joint, synovectomy of the medial and lateral compartments, medial synovectomy, and pain pump placement of the right knee.

From November through December, the patient attended 18 sessions of PT consisting of hot/cold packs and therapeutic exercises.

On December 26, 2008, the request for additional PT was denied by [redacted], M.D., with the following rationale: *"Request for 12 additional sessions of PT is denied status post at least 18 prior sessions of postoperative therapy. Should be transitioned to home program. Per ODG dislocation of knee, tear of the medial/lateral cartilage/meniscus of knee; dislocation of patella; medical treatment; 9 visits over eight weeks/postsurgical (meniscectomy); 12 visits over 12 weeks."*

On January 12, 2009, an appeal for PT was denied by , LVN, with the following rationale: *“The reconsideration for 12 sessions of PT is denied. The claimant is status post surgery for medial meniscectomy on October 17, 2008, and 18 sessions of PT with documented instruction in HEP. ODG postsurgical PT 12 sessions over 12 weeks. Notes document range of motion (ROM) within normal limits, 5/5 strength in flexion and extension with no apparent barriers to progression to a HEP. The request for 12 more PT is well in excess of the ODG and not supported by the documentation available for review.”*

Dr. evaluated the patient for severe pain in his knee and significant quadriceps atrophy. Examination revealed good ROM of the right knee at 0 degrees of extension to 130 degrees of flexion, mild joint line tenderness medially and pain with McMurray’s and reverse McMurray’s. Dr. assessed status post arthroscopic surgery of the right knee with significant quadriceps atrophy of the right lower extremity. He stated recommended one visit to physical therapist followed by workouts in an exercise facility such as 24-Hour Fitness or the YMCA.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. BASED ON ODG THE MAXIMUM POST ARTHROSCOPIC MENISCECTOMY THERAPY IS TWELVE AND THE PATIENT HAS COMPLETED EIGHTEEN. THE REQUEST IS NOT REASONABLE AND THE INDIVIDUAL SHOULD BE TRANSITIONED INTO A HOME BASED EXERCISE PROGRAM.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES