



Notice of Independent Review Decision

DATE OF REVIEW: 3/19/09

Amended Date: 3/23/09 and 4/8/09

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 4-6 weeks.

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

Texas licensed 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)

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 4-6 weeks (UPHELD)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Independent Review Organization Summary dated 3/12/09.
- Cover Letter dated 3/11/09.

- Notice to CompPartners, INC. of Case Assignment dated 3/10/09.
- Fax Cover Sheet dated 3/10/09, 3/6/09.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 3/6/09.
- Request for a Review by an Independent Review Organization dated 3/5/09.
- Medical Determination Letter dated 2/13/09, 2/5/09, 1/21/09, 1/13/09, 6/14/07.
- Consult Request dated 1/12/09.
- Progress Notes dated 1/12/09, 12/9/08, 4/25/08, 3/27/08, 1/11/08.
- Encounter Summary dated 1/12/09, 12/9/08, 4/25/08, 3/27/08, 1/11/08.
- Visit Status Report Form dated 1/12/09.
- Approved Prescription dated 12/9/08.
- Permanent Partial Disability and Impairment Rating Letter dated 4/27/08.
- Left Knee MRI without Contrast Findings Report dated 4/22/08, 3/28/07.
- Letter dated 1/11/08.
- Follow Up Notes dated 11/5/07, 9/24/07, 8/27/07, 7/16/07, 6/18/07, 3/30/07, 3/19/07.
- Daily Notes Form dated 10/26/07, 9/5/07, 8/17/07, 6/13/07, 5/30/07.
- Visit Status Report Form dated 8/30/07, 6/18/07, 5/21/07, 5/15/07, 5/1/07, 3/19/07.
- Notification of Suspension of Indemnity Benefit Payment dated 5/22/07.
- Laboratory Test Results dated 5/16/07, 5/15/07, 2/19/07.
- Operative Report dated 5/9/07.
- History and Physical Examination Form dated 5/9/07.
- Radiology Consultation Report dated 5/1/07.
- Lab Report Sheet dated 2/19/07.
- Assessment Notes dated 2/19/07, 2/16/07.
- Texas Workers' Compensation Work Status Report Form dated 2/19/07, 2/16/07.
- Worker's Compensation Request for Medical Care Form dated 2/16/07.
- Employers First Report of Injury or Illness dated xx/xx/xx.
- Associate Statement – Workers Compensation Form dated 2/15/07.
- Notes (unspecified date).
- Report (Page 2 & 3) (unspecified date).

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Twisted knee when he stepped off of a ledge.

Diagnosis: Left knee sprain; osteochondritis dissecans, osteoarthritis of lower leg.

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

The claimant is a male who stepped off of a ledge with his right leg and developed left knee pain on xx/xx/xx. He was diagnosed with a sprain/strain of the lateral and medial collateral ligaments and a lateral meniscus tear. On 05/09/07, he underwent a left knee arthroscopic partial medial meniscectomy, partial lateral meniscectomy, lateral tibial plateau chondroplasty and microfracture drilling and chondroplasty of the lateral patellar facet. The postoperative diagnoses were: grade 3 chondromalacia of the lateral patellar facet and medial meniscal tear, lateral meniscal tear and grade 4 chondromalacia of the lateral tibial plateau. By the 06/18/07 visit, he was doing quite well, but was not really putting any weight on it. There was some swelling with restricted work. Motion was from 0-120 degrees, with minimal swelling. Return to work with restrictions, discontinue crutches over the next few days, continuation of therapy and TED stocking while working were recommended. At the 07/16/07 visit, the claimant was putting full weight on it and wearing a brace intermittently. He had pain with ascending and descending stairs. Motion was unchanged. There was no edema or swelling. Continuation of activities as tolerated, no repetitive stair or ladder climbing at work, continuation of therapy and another brace were advised. Dr. re-evaluated the claimant on 08/27/07 and he was doing well overall, but had shooting pain under the kneecap 3-4 times a week. He was improving overall and wearing a brace at work. Excellent motion was noted with some discomfort with patellar grind. Continuation of therapy was advised. The claimant was re-evaluated on 09/24/07 and reported intermittent popping with pain. Motion was approximately 0-125 degrees. A cortisone injection was given with good resolution of symptoms. The claimant was seen again on 11/05/07 with about 10 percent of time with considerable catching, particularly in the anterior aspect of the knee which was quite debilitating. Full motion was noted and the knee was stable, but with complaints of pseudobuckling. There was crepitation under the patella and pain with patellar grind and Clarke's compression test. He did not respond to the cortisone injection. Dr. felt the claimant had maximized rehabilitation and thus recommended discontinuation of therapy. The claimant was re-evaluated on 01/11/08, noting difficulty extending the left knee and difficulty with stairs. Limping helped his pain. He had also fallen a few weeks ago and had some catching. There was tenderness of the lateral patellar facet and medial patellar facet, crepitus with active motion, positive Fairbank's apprehension test and painful Clarke's compression test. Osteochondritis dissecans was diagnosed. An MRI and Supartz injection were advised. A left knee MRI on 04/22/08, showed interval development of an approximately 10 millimeters in diameter of deep chondral fissuring and partial thickness chondral loss along the lateral tibial plateau and along the opposing lateral femoral condyle. There were changes of interval arthroscopic lateral meniscus partial meniscectomy with absent anterior horn and partially resected posterior horn, a small joint effusion and intact cruciate and collateral ligaments and an intact medial meniscus. On 04/27/08, the claimant was given an 8 percent whole person impairment rating and restricted duty was advised. Dr. re-evaluated the claimant on 12/09/08, for

complaints of pain in the left knee, posterior, medial and lateral since twisting it on 11/09/08. His symptoms were worse with standing, walking, stairs, bending/squatting, twisting/turning and going from sit to stand. He also had popping and clicking. Viscosupplementation was denied earlier in the year. The examination noted an antalgic gait, tenderness of the lateral and medial patellar facets, painful Clarke's compression test, tenderness of the medial joint line and a positive McMurray. X-rays of the left knee showed weighted medial joint line narrowing and moderate to severe patellofemoral degenerative joint disease with osteophytes. Osteoarthritis of the lower leg was added to his diagnoses. Cortisone injections were administered on 12/09/08 and 01/12/09. Therapy and Orthovisc injections were recommended. The requested physical therapy is not medically necessary based on review of this medical record. The record indicated that this patient underwent a left knee arthroscopy on 05/09/07, at which time, he was found to have degenerative arthritis. He already underwent postoperative physical therapy and there was no documentation in the medical record of a new injury or why he could not be doing home exercises. While physical therapy may be indicated for patients in the early postoperative timeframe, this patient is now almost two years post surgery without new injury and there was no medical reason to restart therapy and the patient should be working on a home exercise program.

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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
Official Disability Guidelines 2009 Updates: Chapter Knee: physical therapy. "Post-surgical (Meniscectomy): 12 visits over 12 weeks." Hyaluronic acid injections.

“Criteria for Hyaluronic acid or Hylan:

Three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies.”

- 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).