

# P&S Network, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 3/24/09

**IRO CASE #:**

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Physical therapy 2 times a week for 4 weeks to the left knee

### **REVIEW OUTCOME**

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

Upheld (Agree)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o September 24, 2008 Post-op Arthroscopy physical therapy order from Dr.
- o October 31, 2008 Physical therapy daily progress notes from PT
- o November 5, 2008 Physical therapy report from PT
- o November 5, 2008 Reevaluation report from PT
- o November 14, 2008 Fax cover - request for physical therapy 2 x 4 from Orthopedic
- o November 24, 2008 Physical therapy progress note from physical therapy
- o December 3, 2008 Physical therapy report from PT
- o December 3, 2008 Re-evaluation report from physical therapy
- o January 15, 2009 Medical report from Dr.
- o January 19, 2009 Physical therapy Daily progress note from physical therapy
- o January 20, 2009 Physical therapy daily progress note from PTA
- o January 21, 2009 Fax cover - request for physical therapy 3x/week
- o February 9, 2009 Physical therapy Reevaluation report from PT
- o February 19, 2009 Physical therapy Daily progress report from PT
- o February 27, 2009 Non-certification letter for request for physical therapy 2 x 4
- o March 3, 2009 Fax cover - 2nd request for reconsideration physical therapy for left knee
- o March 9, 2009 Non-certification reconsideration, 8 sessions of PT
- o March 16, 2009 Request for IRO
- o March 18, 2009 Assignment of IRO

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records submitted for review, the patient is an employee who sustained an industrial injury to the left knee. She is status post anterior cruciate ligament reconstruction and medical meniscal repair on September 24, 2008. The patient initiated post-op physical therapy on September 30, 2008.

Physical therapy notes of October 31, 2008 indicate the patient remains about the same. She slipped at work the day prior and heard a pop in the knee but there is no increased pain or swelling. Her knee remains stable with testing.

The patient was reevaluated in physical therapy on November 5, 2008. She has had approximately xxxx month of post-op physical therapy. She reports mild left knee pain described as intermittent throbbing. There is some continued swelling at the knee. The patient was observed to perform a quad set on the involved leg described as fair. An extensor lag of 5 degrees is noted. She is still using crutches. She has done well with physical therapy to date. She will see her physician tomorrow and should begin to weight-bear. Recommendation is for an additional 8 sessions of physical therapy.

Per the November 24, 2008 physical therapy progress notes, the patient is making appropriate progress. She reports soreness and ongoing weakness but is satisfied with the rate of progress. On December 3, 2008 the patient demonstrated a fair to good quad set and no extensor lag noted with straight leg raise. She is able to stand on the left leg for 25+ seconds. She is progressing better since being weight-bearing.

Per the physical therapy reevaluation of December 3, 2008 the patient is 10 weeks post-op ACL reconstruction and meniscus repair. She continues with mild left knee pain, but mostly complains of weakness and stiffness. Her pain is mostly medial. There is occasional swelling at the end of the day. She reports good compliance with HEP. There is minimal to no swelling at the knee. She has some difficulty with ambulation and stairs. She no longer uses an assistive device for ambulation.

On January 15, 2009 physical therapy notes indicate the patient is moving about very well and does not limp. Physical therapy progress notes of January 19, 2009 indicate the patient has difficulty with kneeling. She is fatigued after exercises. She is doing lunges, smith squats, grapevines. On January 21, 2009 the patient is noted to have tenderness at the middle portion of the scar. Her strength is progressing. On January 21, 2009 request was made for additional physical therapy of three times per week.

The patient was reevaluated in physical therapy on February 19, 2009. She will return to her physician in one week. She reports persisting left anterior knee pain under the patella when arising from sitting. She has minimal difficulty with ambulation but is unable to kneel, squat or get out of a tub. There is no swelling or giving way but there is some occasional popping. She complains of weakness in the left leg. Knee flexion is to 120 degrees. She demonstrates a good quad set. VMO testing indicates poor VMO contraction. She demonstrates an extensor lag of 5 degrees with straight leg raise. 8 additional sessions of physical therapy are recommended due the anterior knee pain which may be patella tendinosis which is affecting her progress. Modalities will not be used.

Physical therapy notes of February 19, 2009 state the patient continues to report pain in the left knee at the right lateral portion of the incision. She reports difficulty with the Total Gym single leg lifts.

Request for 8 sessions of physical therapy was not certified in review on February 27, 2009 with rationale that the patient has participated in 41 visits of physical therapy with overall improvement and some ongoing pain. Per a discussion with the physical therapy assistant, the recommendation for additional physical therapy is based on pain associated with possible tendonitis. The patient is acknowledged to have excellent range of motion although there is still some element of deconditioning. Additional physical therapy should be for functional restoration and can be realized with a HEP. Additionally, the amount of therapy exceeds ODG recommendations. A discussion with the provider was attempted but not realized.

Request for reconsideration of 8 sessions of physical therapy was not certified in review on March 9, 2009. The reviewer noted that following 41 physical therapy visits, the patient was noted on February 9, 2009 to have continued complaints of intermittent left anterior knee pain "under the patella" with activities only. The claimant denied swelling, give away and clicking sensations but did report an occasional popping and shaking in her left lower leg. The patient was able to compete all her activities with minimal complaints. Per discussion with the physical therapy assistant, the recommendation for additional physical therapy is based on pain associated with possible tendonitis. The patient is acknowledged to have excellent range of motion although there is still some element of deconditioning. The reviewer determined the patient could complete her knee rehabilitation with independent home exercises.

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

As noted below, the Official Disability Guidelines recommend 24 visits of post-surgical physical therapy for ACL tears and 12 visits following meniscal repair. On December 3, 2008 the patient is reported to have good compliance with HEP. By January 19, 2009 the patient has progressed to doing lunges, smith squats, grapevines. On February 19, 2009 the patient reports pain at the anterior knee under the patella and may have developed tendonitis. Her pain is with specific activities and does not linger. Some weakness remains in the knee area. The medical records fail to document a medical necessity for continued formal physical therapy beyond the amount recommended by guidelines versus completing rehabilitation with home exercises. Therefore, my determination is to agree with the previous non-certification of the request for physical therapy, two times per week times three weeks to the left knee.

The IRO's decision is consistent with the following guidelines:

#### **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

X 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

The Official Disability Guidelines - Knee Chapter - Updated March 17, 2009:

Recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific modalities. (Philadelphia, 2001) Acute muscle strains often benefit from daily treatment over a short period, whereas chronic injuries are usually addressed less frequently over an extended period. It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). (Rand, 2007) Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) A randomised controlled trial of the effectiveness of water-based exercise concluded that group-based exercise in water over 1 year can produce significant reduction in pain and improvement in physical function in adults with lower limb arthritis, and may be a useful adjunct in the management of hip and/or knee arthritis. (Cochrane, 2005) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term physical therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Lowe, 2007) Supervised therapeutic exercise improves outcomes in patients who have osteoarthritis or claudication of the knee. Compared with home exercise, supervised therapeutic exercise has been shown to improve walking speed and distance. (Rand, 2007) A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion. The physical therapy visit may also include advice regarding assistive devices for ambulation. (Zhang, 2008) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense physical therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) In patients with ACL injury willing to moderate activity level to avoid reinjury, initial treatment without ACL reconstruction should be considered. All ACL-injured patients need to begin knee-specialized physical therapy early (within a week) after the ACL injury to learn more about the injury, to lower the activity level while performing neuromuscular training to restore the functional stability, and as far as possible avoid further giving-way or re-injuries in the same or the other knee, irrespectively if ACL is reconstructed or not. (Neuman, 2008) Limited gains for most patients with knee OA. (Bennell, 2005) More likely benefit for

combined manual physical therapy and supervised exercise for OA. (Deyle, 2000) Many patients do not require PT after partial meniscectomy. (Morrissey, 2006) There are short-term gains for PT after TKR. (Minns Lowe, 2007) Physical therapy and patient education may be underused as treatments for knee pain, compared to the routine prescription of palliative medication. (Mitchell, 2008) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. (Collins, 2008) See also specific physical therapy modalities by name, as well as Exercise.

ODG Physical Medicine 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 ODG Preface.

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):

Medical treatment: 9 visits over 8 weeks

Post-surgical (Meniscectomy): 12 visits over 12 weeks

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):

Medical treatment: 12 visits over 8 weeks

Post-surgical (ACL repair): 24 visits over 16 weeks

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

Pain in joint; Effusion of joint (ICD9 719.0; 719.4):

9 visits over 8 weeks

Arthritis (Arthropathy, unspecified) (ICD9 716.9):

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks

Abnormality of gait (ICD9 781.2):

16-52 visits over 8-16 weeks (Depends on source of problem)

Fracture of neck of femur (ICD9 820):

Post-surgical: 18 visits over 8 weeks

Fracture of other and unspecified parts of femur (ICD9 821):

Post-surgical: 30 visits over 12 weeks

Fracture of patella (ICD9 822):

Post-surgical: 10 visits over 8 weeks

Fracture of tibia and fibula (ICD9 823)

Medical treatment: 30 visits over 12 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

Amputation of leg (ICD9 897):

Post-replantation surgery: 48 visits over 26 weeks

Work conditioning (See also Procedure Summary entry):

12 visits over 8 weeks