

SENT VIA EMAIL OR FAX ON
Mar/30/2009

True Decisions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 594-8608
Email: rm@truedecisions.com

DATE OF REVIEW:
Mar/2/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
PT 3 X wk X 4 wks; Bilateral Knees/Lumbar/Thoracic

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

OD Guidelines
Office note, Dr. 12/6/08
PT evaluation, 12/29/08
PT note, 1/19/09
Peer review, 1/23/09
Office notes, 1/27/09, 02/10/09, 02/26/09
Peer review, 1/30/09
MRI left knee, 2/3/09
MRI right knee, 02/03/09
MRI lumbar spine, 2/23/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male injured on xx/xx/xx when he was struck by a truck backing up at approximately fifteen miles per hour. The claimant was initially seen for bilateral knee contusions, mid thoracic pain, bilateral shoulder pain and low back pain. Exam findings on 12/06/08 noted full motion in both knees with no effusion and no instability. X-rays of both knees were normal. Lumbar flexion was near normal with no radicular symptoms. There were diffuse trigger points and tenderness over the periscapular area in the midline, and the thoracic and lumbar areas. The claimant completed an initial course of therapy.

Additional therapy was prescribed on 01/19/09 and non-certified on two separate peer reviews. Bilateral knee pain and low back pain persisted. MRI of the left knee on 02/03/09 noted a grade four medial meniscus tear in the posterior horn, a small effusion and stage I chondromalacia patella changes. MRI of the right knee revealed an eight-millimeter stable osteochondral lesion within the posterior medial femoral condyle and stage chondromalacia patella changes. Exam findings on 02/10/09 noted flexion to 125 degrees with a positive medial McMurray's and right knee arthroscopy was recommended.

A lumbar MRI on 02/23/09 noted mild left neuroforaminal narrowing at L4-5 with mild central canal stenosis and a left sided disc protrusion. There was increased signal along the annulus suggesting an acute disc protrusion with a large facet joint effusion indicative of acute facet joint irritation and lumbar facet syndrome. At L5-S1, there was a grade I anterolisthesis without neuroforaminal or canal compromise.

A recent office note from 02/26/09 noted ongoing lower back pain, groin pain, right shoulder, bilateral wrist pain, and knee pain, left greater than right. Left knee arthroscopy was recommended along with therapy for the lumbar spine.

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

This is a dispute resolution for physical therapy directed at the knees, lumbar, and thoracic spine. There is no indication based on the 11/06/08 injury when he was struck by a truck backing up, that further physical therapy is warranted and necessary. The medical records do document an MRI of the left knee, which demonstrates a medial meniscus tear. On the right knee osteochondral desiccans of the non-weightbearing portion of the medial femoral condyle. There is also an MRI of the lumbosacral spine on 02/23/09 which demonstrates a grade I anterolisthesis and age related changes.

Based on the records, continued physical therapy is likely to be of little if any benefit and not indicated.

Official Disability Guidelines Treatment in Worker's Comp, 2009 Official Disability Guidelines, 14th edition, Knee and Leg , Low Back

Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72)

9 visits over 8 week

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

9 visits over 8 week

Lumbar sprains and strains (ICD9 847.2)

10 visits over 8 weeks

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

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)