

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/25/2009

**IRO CASE #:**

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

PT 3X/WEEK X 4 WEEKS (97010, 97014, 97035, 97110, 97530, 97116, 97113)

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

M.D., 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**

ODG Guidelines and Treatment Guidelines  
PT progress note, 05/30/08  
Physician Activity Status Report, 06/20/08  
MRI Right Knee, 07/24/08  
Office note, Dr. 07/29/08  
Medical Record Review, Dr. 08/27/08  
DDE, Dr. 11/25/08  
Letter of clarification, Dr. 01/05/09  
Office notes, Dr. 01/19/09, 06/25/09  
PT initial evaluation, 07/13/09  
Daily PT progress notes, 07/20/09, 08/04/09, 08/06/09, 08/11/09  
PT re-evaluation, 08/13/09  
Adverse Determination Letters, 08/28/09, 09/09/09  
Therapy Activity Status Report, 06/19/08  
Physician Activity Status Report, 07/29/08  
Note from Dr. 12/02/08  
Note from Hearing Officer

**PATIENT CLINICAL HISTORY SUMMARY**

This claimant is a male who was injured when a 10-15 pound wrench landed on the medial aspect of his right knee. He was noted to have attended 5 visits of physical therapy by 05/30/08. A therapy note on 05/30/08 noted worsening knee symptoms and that a break in

therapy had set him back. He was working modified duty. The therapist noted him to be improving with therapy and recommended additional therapy. On 06/20/08 he was released to regular duty work. An MRI of the right knee on 07/24/08 revealed a complete tear of the anterior cruciate ligament, a degenerative tear of the lateral meniscus, three compartment osteoarthritis, and no effusion.

Dr. saw the claimant on 07/29/08 for persistent right knee pain without instability or locking. He was working with restriction and wanted to pursue surgery. Medial joint line tenderness and active motion from 0-135 degrees were noted on examination. A meniscus tear, anterior cruciate ligament tear and chondromalacia were diagnosed. He was advised to continue Celebrex and modified activity and followup with the referred physician after being discharged from surgical orthopedic service.

Dr. saw the claimant on 11/25/08 noting pain along the medial aspect of the right knee. He was wearing a brace and taking Tylenol. Examination of the right lower extremity showed that the right knee appeared more arthritic than the left, equivocal laxity of the anterior cruciate ligament on the right in form of equivocal anterior drawer sign, tenderness in the medial aspect of the right knee along the distal femoral condyle and a positive McMurray. Contusion of the right medial knee, arthritis and complete anterior cruciate ligament tear were diagnosed. Dr. saw the claimant on 01/19/09 for a second opinion regarding knee pain, swelling, tenderness, giving out and instability of the knee. On examination he had some instability signs, a small effusion, slight crepitus with motion, definite 2-3+ Lachman, equivocal pivot shift and negative varus valgus instability, positive McMurray all consistent with MRI findings and the anterior cruciate ligament tear. He was felt to be a good candidate for anterior cruciate ligament reconstruction and debridement of the lateral meniscus. At the 06/25/09 visit he had moderate knee pain, weakness and difficulties climbing stairs and night pain. Gross instability with crepitus with motion were noted on examination. A new Arthropod, start therapy and continuation of Ibuprofen were recommended. It was noted that the claimant did not wish to have surgery.

The claimant started therapy on 07/13/09. A therapy re-evaluation on 08/13/09 noted the claimant had attended therapy for approximately one month, the last date was 08/11/09 without progression as tolerated. He complained of right knee pain, very slow progress and had difficulty climbing stairs, bending and straightening the knee. On examination he had minimal to no swelling, minimal to no atrophy, difficulty with ambulation including stairs due to pain and weakness, a mild limp and decrease in weight shift on right during stance phase. He was unable to ascend/descend stairs, had pain and tenderness through palpatory pressure at medial aspect right knee joint line. Flexion was 95 degrees and extension 5 degrees (noted to have made a 5 degree improvement in active motion). There was fair quadriceps and vastus medialis strength and a 6 degree extensor lag with straight leg raise. He was able to stand for only 8 seconds on his right lower extremity, had good flexibility, mild calf tightness and positive McMurray and Apley's compression tests. Additional therapy was recommended, but was denied on two reviews 08/28/09 and 09/09/09.

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

Based on the evaluation of records provided, I would not be able to recommend as medically necessary the proposed additional therapy. The request exceeds the recommended number of therapy sessions detailed in the ODG. The reviewer finds that medical necessity does not exist at this time for PT 3X/WEEK X 4 WEEKS (97010, 97014, 97035, 97110, 97530, 97116, 97113).

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, (i.e. Knee-Physical Therapy

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella

Medical treatment: 9 visits over 8 weeks

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear)

Medical treatment: 12 visits over 8 weeks

Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis

9 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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