



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

## Notice of Independent Review Decision-WC

**DATE OF REVIEW: 9-22-09**

**IRO CASE #:**

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

12 Physical therapy visits between 8-31-09 and 10-30-09.

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

American Board of Orthopaedic Surgery-Board Certified

**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.

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

- 8-5-09 MD., office visit.
- 8-24-09 Physical therapy evaluation.
- 8-27-09 DO., performed a Utilization Review.
- 9-3-09 MD., Utilization review.

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

Office visit with MD., dated 8-05-09 notes the claimant complains of right knee pain. The claimant has some swelling in her right knee. She is status post right knee arthroscopy with partial medial meniscectomy with the anterior horn of the median meniscus on 07/02/09. She has been doing pretty well until recently. She has been having some swelling in the knee. She was seen by her physical therapist who told her she needs to get her knee drained and so she is getting a little bit of worried. She comes to see us today for evaluation. On exam, the claimant has a very large effusion to the knee. She has no evidence of infection today. No evidence of any swelling. The evaluator recommended the claimant continue with physical therapy. She is in full duty. The evaluator reported that she had the effusion because she is using more therapy for her knee. The evaluator refilled her physical therapy prescription.

Initial physical therapy evaluation dated 8-24-09 notes the claimant is a female patient who is status post Right Arthroscopic Partial Medial Meniscectomy. Patient received physical therapy for one month at another facility. Patient presents today with mild swelling and loss of motion and is motivated to get better. She has returned to work but is having a difficult time with duties that requiring bending, squatting and climbing ladders. Patient was examined by her physician. She had x-rays and MRI taken and subsequently was then referred for Physical Therapy. The claimant exhibits some limitations in function, ROM, gait and balance deficits with weakness. Patient seems motivated and should do well with the PT treatments. The claimant will be seen 2-3 times per week for 4 weeks.

On 8-27-09, DO., performed a Utilization Review. It was the reviewer's opinion that the claimant has apparently attended Physical Therapy, with 12 visits to date. However, PT progress notes to objectively document functional progress with these visits have not been provided. The indications for PT, the specific PT modalities rendered, PT goals and participation in an independent exercise program were not indicated for review. Patient presently complains of right knee swelling. This request is for additional 12 visits of rehabilitation therapy on top of the previous 12 sessions. Although current guidelines recommend Physical Therapy as helpful to return the patient to normal activities, there are a specific number of treatment frequencies that must be completed as in this particular case, which is set at 12 visits over 12 weeks, in which the requested PT exceeds. At this point, patient should be benefiting from an active home exercise program, as patient is moving into a positive direction. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts were not provided in the medical records submitted. In the absence of exceptional indications, the medical necessity of the requested service has not been substantiated.

On 9-3-09, Utilization review performed by MD., notes non-certification for 12 physical therapy visits. The reviewer noted that in the PT Initial Evaluation Report dated 8/24/09, it is indicated that the patient still has pain and difficulty in using the stairs. There is pain and tenderness noted through palpatory pressure at the right medial knee. The patient demonstrates poor vastus medius oblique contraction. The patient has had 12 sessions of PT previously. There are no therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. In the latest therapy evaluation report dated 8/24/09 indicated that the patient did not have an objective lasting good clinical and functional response. As such, the request for additional sessions is put into question. Moreover, the number of requested visits on top of the previous therapy sessions is deemed in excess of the recommendation of the referenced guidelines. As the guidelines indicate, when treatment duration exceeds the recommendation, exceptional factors should be noted. There is none in the records submitted that mention such exceptional factors. With this, the medical necessity of the request is deemed not frilly established at this point. The request is not indicated.

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

MEDICAL RECORDS REFLECT A CLAIMANT STATUS POST RIGHT KNEE PARTIAL ARTHROSCOPIC MEDIAL MENISCECTOMY. THE CLAIMANT HAS UNDERGONE 12 PHYSICAL THERAPY SESSIONS AND ADDITIONAL 12 SESSIONS IS BEING REQUESTED. THERE IS NO DOCUMENTATION IN THE RECORDS THAT THE CLAIMANT HAS EXTENUATING CIRCUMSTANCES FOR WHICH ADDITIONAL PHYSICAL THERAPY IS REQUIRED, EXCEEDING CURRENT TREATMENT GUIDELINES. THE CLAIMANT SHOULD BE ABLE TO TRANSITION INTO A HOME EXERCISE PROGRAM BASED ON THE PHYSICAL THERAPY SHE HAS HAD. IT IS NOTED THE CLAIMANT IS BACK AT WORK. THEREFORE, THE MEDICAL

NECESSITY OF 12 ADDITIONAL PHYSICAL THERAPY SESSIONS IS NOT ESTABLISHED AS MEDICALLY NECESSARY.

**ODG-TWC, last update 9-9-09 Occupational Disorders of the Knee – Physical therapy:**

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

**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
- 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)**