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Notice of Independent Review Decision
2nd Amended Notice

DATE OF REVIEW: 9/10/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 3x4 weeks for the left knee

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

Certified by The American Board of Orthopaedic Surgery

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	836.0	97113 97116 97110 97035 97014 **97530**	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Determination letters dated 8/6/09 and 8/25/09
Physician note and Therapy referral dated 7/28/09
Physical therapy re-evaluation dated 7/20/09

PATIENT CLINICAL HISTORY:

The patient is a xx-year-old male who is reported to have sustained an injury to his left knee when he fell into a ditch. The patient subsequently came under the care of his current treating provider and underwent surgery on 04/27/09. At this time the patient underwent a left knee meniscectomy and plica resection. Post operatively the patient was referred to physical therapy on 05/18/09. The patient is reported to have 2 months of physical therapy treatment and was seen for physical therapy evaluation on 07/20/09. The patient continues to complain of left medial knee pain and tightness with the feeling as if the knee needs to pop. He reports medial pain that is worse at night with weight bearing and gait activities. On physical examination pain and tenderness was noted mostly in the medial knee and in the joint line and portals. The patient continues to have difficulty with ambulation and he is unable to ambulate with a normal gait. He has a moderate limp with ambulation and a decrease in weight shift on the left side during stance phase. The patient continues to use one axillary crunch and the patient is having pain difficulty ascending and descending stairs. The patient's strength is reported to be 5/5 and he subsequently was recommended to undergo additional physical therapy 2-3x a week for 4 additional weeks.

On 07/28/09 the patient was evaluated and the patient is reported to have post traumatic chondromalacia changes found at the time of arthroscopy and he continues to have discomfort in his knee. He reports a feeling of give way. On physical examination he has minimal pain to both the medial and lateral joint lines. The medial and lateral collateral ligaments are stable and drawer and Lachman's tests are negative. There is no rotary instability. He has significant patellofemoral crepitus and significant pain at the posterior aspect of the patella. Radiographs are unremarkable. The patient is reported to have post injury chondromalacia of the patella secondary to a loss of quadriceps mechanism at least loss of strength. The patient is going to be placed in a knee brace for patellar stabilization with an anterior strap and will be seen in follow up in 4 weeks. He is to continue in physical therapy.

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

In the Reviewer's opinion, the request for physical therapy 3x week x4 weeks for the left knee is not supported by the submitted clinical information. The available medical records indicate that the patient sustained an injury to the left knee on xx/xx/xx. The patient ultimately required surgery and underwent a left knee medial meniscectomy and plica resection on 04/27/09. The patient began physical therapy on 05/18/09 and subsequently had 2 months of physical therapy where it is reported that he completed 12 sessions of physical therapy. The record only contains a physical therapy reevaluation and clinical note from the physician. Physical therapy evaluation does not provide any significant documentation regarding the modalities that were performed on the patient and the patient is noted to have continued gait dysfunction and continues to use a crutch despite being 3 months post date of surgery. There is no indication from these clinical records that the patient was provided aggressive physical therapy

nor is there an indication that the patient was participating in this physical therapy program. The patient is reported to have 5/5 strength in the lower extremity.

Current evidence based guidelines would support up to 12 sessions of post operative physical therapy for the patient's diagnosis and the submitted clinical records do not provide sufficient information to substantiate a recommendation for exceeding evidence based guidelines.

References:

1. The 2009 Official Disability Guidelines, 14th edition, The Work Loss Data Institute. Online edition.
2. The American College of Occupational and Environmental Medicine Guidelines. Second Edition. Chapter 13.
3. Delisa J, Gans B, Nicholas, Walsh N, et. el. Physical Medicine and Rehabilitation: Principles and Practice, Lippincott Williams & Wilkins; 4th edition (October 30, 2004).

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)**