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Notice of Independent Review Decision

DATE OF REVIEW: August 17, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

18 additional postoperative PT visits over six weeks for the right knee using #97110, 97530, G0283, 97016, 97112, and 97140.

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

X Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Appeal, knee surgery (04/30/09)
- Operative Note (03/31/10)
- Office Visits (04/20/10)
- Physical Therapy Evaluations (04/27/10, 07/02/10, 05/13/10)
- Pre-authorization request for postoperative PT (05/04/10)
- Utilization Reviews (05/04/10, 07/07/10, 07/27/10)
- Letter, Joints in Motion Physical Therapy (07/22/10)

TDI

- Utilization Reviews (07/08/10, 07/28/10)

PT

- Physical therapy evaluations and treatment (08/25/09 – 06/24/10)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient who sustained injury to his right knee on xx/xx/xx, when he went to apprehend someone and fell on his bent knee. He developed pain on the medial aspect of the knee.

Following information was gathered from utilization review dated April 30, 2009:
Initially, the patient was treated with knee brace, an injection of Marcaine and

Depo-Medrol and physical therapy (PT) that was progressed to a home exercise program (HEP). History was significant for right anterior cruciate ligament (ACL) reconstruction with partial medial meniscectomy. The patient followed-up with, M.D., who obtained a magnetic resonance imaging (MRI) of the right knee. The MRI showed status post ACL reconstruction with intact graft, questionable vertical tear of the midbody of the lateral meniscus versus volume averaging and medial compartmental chondromalacia. Dr. noted a degree of instability on manual exam with slightly positive Lachman. On August 5, 2009, he performed ACL reconstruction.

On August 5, 2009, the patient underwent PT evaluation at Joints in Motion Physical Therapy, he complained of constant pain and giving way sensation in the right knee. He was 12 weeks post osteoporosis ACL reconstruction. The patient reported pain on the posterior side of the right patella, loss of ability to perform activities like standing, up or down stairs, walking, driving, exercising, jogging and working. Examination showed suprapatellar knee effusion and quadriceps atrophy, tenderness at medial and lateral patellar border and decreased strength 4/5 in right quadriceps, hamstrings and iliopsoas. The evaluator diagnosed sprain/strain of cruciate ligament of knee and recommended PT three times a week for 30 days. From November 2009, through March 2010, the patient attended 13 sessions of PT consisting of myofascial release, soft tissue mobilization, manual traction, joint mobilization, therapeutic exercises, vasopneumatic compression, ultrasound, electrical stimulation and neuromuscular re-education. In a PT re-evaluation dated March 5, 2010, the evaluator noted that the patient had partially achieved his goals.

On March 31, 2010, Dr. performed autologous chondrocyte implantation with a synthetic periosteal pouch microsuturing. The diagnosis was large chondral defect in the medial femoral condyle and the trochlear groove region.

Postoperatively, from May through June the patient attended 11 sessions of PT consisting of electrical stimulation, neuromuscular re-education, therapeutic exercises, manual therapy, myofascial release, soft tissue mobilization, manual traction, joint mobilization, vasopneumatic compression and functional activity training.

On July 2, 2010, the patient was re-examined at Joints in Motion Physical Therapy. Examination showed improved AROM and strength of the right lower extremity. The prognosis was slow, but with care the patient showed gradual improvement with reduction in his symptomatic state. He was independent in an HEP. The therapist recommended 18 additional sessions of PT.

On July 7, 2010, an initial pre-authorization request was denied for additional 18 sessions of PT over six weeks for the right knee using #97110, 97530, G0283, 97016, 97112, and 97140. Rationale: *"The patient has completed 12 sessions of postoperative therapy to date. Current evidence-based guidelines recommend 12 sessions of postoperative therapy; however, it is noted in the PT evaluation that the patient has significant functional deficits. As the PT evaluation is not dated, it cannot be determined if the functional deficits reflect the 12 sessions of therapy to determine if the patient currently has significant functional deficits. Current evidence-based guidelines do support additional PT for patients with exceptional factors noted; however, it cannot be determined if this patient has*

exceptional factors to justify additional therapy. Additionally, not all of the requested modalities are supported as standard treatment modalities. Specifically, #97016 (vasopneumatic devices), #G0382 (electrical stimulation), #97112 neuromuscular re-education and #97140 (manual therapy) are not standard treatment modalities. Therefore, as there is insufficient clinical documentation submitted for this review, the request for 18 additional postoperative PT visits over six weeks to the right knee using #97110, 97530, G0283, 97016, 97112 and 97140 is not medically necessary.

On July 27, 2010, an appeal was denied for additional 18 sessions of PT over six weeks for the right knee using #97110, 97530, G0283, 97016, 97112, and 97140, with the following rationale: *“Internal nurse notes state that this patient has completed a total of 12 recommended postoperative PT sessions to date. Established guidelines recommend that there be a maximum of 12 visits for this patient’s postsurgical diagnosis. This request would exceed established guidelines. There do not appear to be any exceptional factors that would warrant continued PT beyond what Official Disability Guidelines recommend. This patient was stated to have made progress over his course of PT and was educated in an HEP. There is no comprehensive physical examination submitted for review that demonstrates a persisting functional deficit that would reasonably improve with continued formal PT beyond what the guidelines recommend. There should be a decrease in treatment frequency over the duration of PT, as the patient should be transitioned to a home exercise program in order to continue to facilitate improvement. Additionally, ODG do not recommend more than four modalities per PT session, and there are several passive modalities included in this request. ODG do not commonly recommend the use of passive modalities. As such, this request is not medically necessary at this time.”*

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

Based on the medical records the patient underwent a second ACL reconstruction and has completed twelve sessions of therapy. He is a, which should require significant physical fitness. Despite reports that ODG allows for only twelve sessions of post operative therapy it actually allows up to twenty-four for ACL reconstruction. Given his occupation and the procedure performed the additional six above recommended is reasonable. Therefore, eighteen sessions of therapy is reasonable and the decision should be overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES