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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

8 sessions (2 times a week for 4 weeks) of Aqua and Physical Therapy - Left Knee

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

Dr. OV 09/29/09, 10/01/09,10/13/09, 10/19/09, 12/07/09, 02/08/10, 03/08/10, 05/17/10

Peer Reviews 06/28/10, 07/02/10

Emergency Department Records 09/26/09, 10/18/09

Operative Reports 10/16/09, 04/16/10

Anesthesia records 10/16/09 04/16/10.

X-ray left knee 09/26/09

CT angiogram left lower extremity 09/26/09

MRI left knee 09/28/09

Physical Therapy Records 10/23/09, 10/26/09, 10/28/09, 11/11/09, 11/18/09, 12/03/09,

12/09/09, 01/12/10, 01/13/10 02/10/10, 02/17/10 , 03/03/10, 04/22/10, 05/07/10 , 05/12/10 , 05/19/10 , 05/20/10,. 05/26/10, 06/16/10

History and Physical 04/16/10

Letter of medical necessity 10/23/09

Laboratory studies 09/26/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male who reportedly injured his left knee on xx/xx/xx when he was hit by a football player. This resulted in a left knee patellar dislocation and subsequent surgery to include a left knee arthroscopic lateral meniscectomy, medial collateral ligament repair and microfracture performed on 10/16/09. Post-operatively, the claimant attended physical therapy and was prescribed a knee brace but continued to report left knee stiffness and tightness. A left knee arthroscopic lysis of adhesions with manipulation and arthroscopic chondroplasty of the medial femoral condyle was performed on 04/16/10. Physical therapy was continued. A physician record dated 05/17/10 revealed the claimant improved with good patella mobility and no laxity. Continued physical therapy with home exercises was recommended. A 06/16/09 physical therapy record noted the claimant with some continued mild weakness in the left lower leg and stiffness to the knee. The claimant reported independence with a home exercise program with improvement reported in range of motion and function. Some knee buckling was reported along with noted atrophy of the left

quadriceps. Continued physical therapy was recommended. The total number of physical therapy visits attended to date was not provided.

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

The claimant is status post surgery on 04/16/10. There is insufficient information to approve additional therapy. Peer reviews performed 06/28/10 and 07/02/10 make reference to twelve sessions of formal therapy after surgery on 04/16/10. There was no justification in the records for continued therapy beyond those twelve sessions. The ODG would recommend that the claimant advance to a home exercise program. The claimant should have improved on a home directed strengthening program. There was no justification for continuing therapy, based on the information provided. ODG Guidelines were used, this is in reference to both land and aqua based therapy. There is no indication in this case for aqua therapy; it is an alternative to land base therapy, but there is no reason why this individual needed aquatic based therapy. The reviewer finds that there is not medical necessity for 8 sessions (2 times a week for 4 weeks) of Aqua and Physical Therapy - Left Knee.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates

Knee and Leg: Physical medicine treatment

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT

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

Medical treatment: 9 visits over 8 weeks

Post-surgical (Meniscectomy): 12 visits over 12 weeks

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

Medical Treatment: 9 visits over 8 weeks

Post-surgical: 12 visits over 12 weeks

Knee and Leg: Aquatic therapy

Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy

Aquatic therapy (including swimming) can minimize the effects of gravity, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity.

Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life.

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)**