



5068 West Plano Parkway Suite 122  
Plano, Texas 75093  
Phone: (972) 931-5100

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 08/16/2010

**IRO CASE #:**

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

12 sessions of Aquatic and Physical Therapy

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery  
ABMS Orthopaedic Surgery

**REVIEW OUTCOME:**

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
12 sessions of Aquatic and Physical Therapy	97113, 97010, 97530, 97116	-	Upheld

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

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	14	07/27/2010	07/27/2010
2	IRO Requestor Records	UMD	1	08/02/2010	08/02/2010
3	IRO Carrier/URA Records		31		

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient is a male with a history of sprain type injuries to the right knee dated xx/xx/xx and xx/xx/xx. Both injuries were considered "missteps" twisting type injuries. The patient is described a "markedly overweight". He has a past history of osteoarthritis of the right knee. He underwent an arthroscopic surgical procedure in July, 2008. Subsequent to the recent injury (xx/xx/xxxx), the patient received approval for physical therapy including aquatic therapy and received the 12 sessions authorized. The current request is for preauthorization of continued aquatic physical therapy for 3x/week for 4 weeks. The request for preauthorization has been considered and denied; reconsidered and upheld on appeal.

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

1. Is the request for additional. physical therapy and aquatic therapy 3x/wk for 4 weeks medically necessary and appropriate?

No. It would appear that this patient has received the appropriate regimen of physical therapy as recommended in the ODG, 2010, knee chapter and cited above. The patient should be transitioned to a

home exercise program. He suffers osteoarthritis of the knee with twisting injuries superimposed on this process. Medical necessity for additional supervised physical therapy and aquatic therapy has not been established. The prior denials of request to preauthorize the additional physical therapy were appropriate and should be upheld.

**ODG Physical Medicine Guidelines –**

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

**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

**Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear)** (ICD9 844; 844.2):

Medical treatment: 12 visits over 8 weeks

Post-surgical (ACL repair): 24 visits over 16 weeks

**Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis** (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):

9 visits over 8 weeks

Post-surgical: 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)