

P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 08/03/2010

IRO CASE #:

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

This case was reviewed by a Pain Management (Board Certified) Doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

97110 Continue physical therapy left knee 3x week x 2 weeks

97140 Manual therapy left knee 3x week x 2 weeks

REVIEW OUTCOME

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

(Upheld)

(Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o 04-06-10 Request for Medical Care from the Claimant
- o 04-06-10 Regional Hospital Patient data
- o 04-08-10 Employers First Report of Injury, unsigned
- o 04-08-10 Temporary position offer from
- o 04-08-10 Medical report from Dr.
- o 04-08-10 Radiographic report read by Dr.
- o 04-08-10 Occupational Medicine registration sheet
- o 04-13-10 Fax request for preauthorization from
- o 04-13-10 DWC 73 from DRMC, signature illegible
- o 04-13-10 Lower extremity injury follow-up notes, unsigned
- o 05-20-10 Physical Therapy treatment record from, PT
- o 05-24-10 DWC 73 from illegible
- o 05-24-10 General Injury Follow-up report from unsigned
- o 06-04-10 Fax pre-authorization request for PT x 6 from
- o 06-09-10 Initial Adverse Determination review from
- o 06-10-10 Fax resubmission, pre-authorization request for PT x 6 from
- o 06-15-10 Reconsideration - Adverse Determination Review from
- o 06-17-10 DWC 73 from illegible
- o 06-17-10 Lower extremity injury follow-up notes from illegible
- o 07-09-10 Request for IRO from the Claimant
- o 07-12-10 Confirmation of Receipt of Request for IRO from TDI
- o 07-14-10 Notice to P&S of Case Assignment from TDI
- o 07-14-10 Independent Review Organization Summary from

PATIENT CLINICAL HISTORY (SUMMARY):

According to the medical records and prior reviews the patient is a female for who sustained an industrial injury to the left knee on when she slipped while pulling a cart out from the walk-in freezer.

Per the patient's injury statements, she slipped and fell. She twisted her left knee. The patient is 5' 3" and 255 pounds. She would like to return to work as soon as possible.

The patient was examined in ER on for moderate left knee pain. She denies any other injury. There is moderate tenderness and mild swelling at the medial joint line of the left knee. No effusion or ligament laxity is seen. There are no abrasions. There are no left hip, thigh or ankle complaints. Examination is otherwise negative. X-rays show mild joint space narrowing with marginal osteophyte formation most pronounced in the medial compartment. There is no evidence of fracture or dislocation. The patient was provided a Velcro knee immobilizer and fitted for crutches. She was instructed in icing and prescribed Lodine 300 mg #30. She noted pain of 4/10 at discharge. A prescription was also given for Darvocet N-100.

The patient was allowed modified work beginning April 8, 2010.

PT evaluation and treatment including instruction in HEP was requested on April 13, 2010.

Follow-up notes of April 13, 2010 indicate the patient presents wearing a brace and reporting mild pain. She reports constant to intermittent pain of 1-5/10 at the lateral aspect of the left knee, which does not radiate. She was using Advil. The physician clinical notes are mostly illegible and appear to state, left knee strain. Increased tenderness at medial knee with range of motion. Tenderness at medial knee with palpation. Refer to therapy for soft tissue work(?). She will work modified duty as a

The patient initiated PT on April 23, 2010. She was last seen in PT on May 20, 2010.

On May 20, 2010 the patient was seen in PT for cross-frictional massage to the medial knee. She did stair stepper exercises for 15 minutes and performed supine heel slides, hamstring/quad co-contraction exercises, quad sets, isometric adduction with knees flexes and extended, and attempted straight leg raises but she has recently been evaluated for abdominal pain of unknown etiology so the exercises were modified to relieve any abdominal stress. She reports less frequent pain and less popping but continues to have pain with knee flexion, especially if weight bearing.

Follow-up notes of May 24, 2010 note the patient is using a brace at the left knee and ambulates to the clinic area without problems. She reports her knee is better than it was with some days better than others. The physician notes are mostly illegible but appear to state, left knee strain per history. Continue exercise program. The remainder of the notes are illegible. No examination was performed this visit. The patient was allowed to work with continued restrictions of no stair climbing and no lifting over 10 pounds.

On June 4, 2010 an additional six sessions of PT were requested.

Request for an additional 6 sessions of PT to the left knee was considered in review on June 9, 2010 with recommendation for non-certification. The patient has an ankle sprain. PT notes of May 20, 2010 indicate ongoing complaints of knee pain especially with weight bearing and knee flexion. There are no physician notes provided for review. The patient's working diagnosis has been MCL sprain. She has completed 6 sessions of supervised rehabilitation. She is 2 months post injury. There is no documentation of objective or functional improvement with the supervised PT. A peer discussion was attempted but not realized.

Request for reconsideration additional 6 sessions of PT to the left knee was considered in review on June 15, 2010 with recommendation for non-certification. The claimant reportedly twisted her knee and fell. She has attended 6 sessions of PT for a knee sprain. The therapy note of May 20, 2010 noted continuing pain. There is no discernable benefit documented. An additional 6 sessions have been requested. In discussion with an office assistant it was related that the patient was discharged from PT on Saturday and the plan is for a full duty release in the near future. No additional therapy is being requested on a prospective basis. She was advised that a retrospective review might be indicated. She understood the reason for the present adverse determination.

Physician follow up notes of June 17, 2010 indicate intermittent dull pain of 2/10 intensity that worsens with weight bearing. She is using a knee brace. She reports pain when up on the knee a lot. There is some sharp pain with walking. She states when last in PT she was advised to continue PT. The clinic notes are partly illegible but appear to state, knee pain reducing with therapy (?). Brace helpful. (Illegible), medial tenderness on examination. The diagnosis is sprain and strain left knee. The accompanying DWC 73 form indicates continued lifting, walking and climbing restrictions.

Request was made for an IRO.

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

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.

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

Medical treatment: 12 visits over 8 weeks

Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks

Per ODG, it is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses).

At initial examination, there was moderate tenderness and mild swelling at the medial joint line of the left knee, with no effusion or ligament laxity and no abrasions. There were no left hip, thigh or ankle complaints. The examination was otherwise negative. X-rays show mild joint space narrowing with marginal osteophyte formation most pronounced in the medial compartment. Five days later, she is doing modified work and reports mild pain of 5/10 at the lateral aspect of the left knee. She was using Advil. Six sessions of PT were ordered. On May 20, 2010 the patient was seen in PT for cross-frictional massage to the knee. She reports less frequent pain and less popping but continues to have pain with knee flexion, especially if weight bearing. She was recently seen for abdominal pain and was instructed in modified exercises to relieve any abdominal stress. No PT notes are available for review. Follow-up notes of May 24, 2010, 6.5 weeks post injury, indicate the patient is using a brace at the left knee. She reports her knee is better than it was with some days better than others. She will continue her exercise routine. The most recent examination of June 17, 2010 notes intermittent dull pain of 2/10 intensity that worsens with weight bearing. She is using a knee brace. She reports pain when up on the knee a lot. There is some sharp pain with walking. She states when last in PT she was advised to continue PT. Some of the notes are illegible.

First line review rationale for denial states, there are no physician notes provided for review. The patient's working diagnosis has been MCL sprain. She has completed 6 sessions of supervised rehabilitation. She is 2 months post injury. There is no documentation of objective or functional improvement with the supervised PT.

Second line review rationale for denial states, the therapy note of May 20, 2010 noted continuing pain. There is no discernable benefit documented. In discussion with a therapist it was related that the patient was discharged from PT on Saturday and the plan is for a full duty release in the near future. No additional therapy is being requested on a prospective basis. She was advised that a retrospective review might be indicated. She understood the reason for the present adverse determination.

The only PT note submitted concerns the final visit of May 20, 2010. The patient was seen in PT for cross-frictional massage to the medial knee. She did stair stepper exercises for 15 minutes and performed supine heel slides, hamstring/quad co-contraction exercises, quad sets, isometric adduction with knees flexed and extended, and attempted straight leg raises but she has recently been evaluated for abdominal pain of unknown etiology so the exercises were modified to relieve any abdominal stress. She reports less frequent pain and less popping but continues to have pain with knee flexion, especially if weight bearing.

There is very little legible clinical information and no thorough examination of the patient's knee aside from the initial examination of. The clinic note of May 20, 2010 states, she reports less frequent pain and less popping but continues to have pain with knee flexion, especially if weight bearing, but there are no examination findings. Tenderness at the medial knee indicates a sprain of the medial collateral ligament. It is noted that on April 13, 2010 the patient describes pain at the lateral aspect of the knee while the physician notes state pain at medial knee with palpation. A more thorough examination was indicated. The guidelines apply to sprains to the ACL and joints with effusion, neither of which specifically apply to this patient. The initial PT order included instructed in HEP. With only cursory and partly illegible clinical notes, lack of PT assessment/reassessment with examination findings and lack of documentation of either functional deficits or functional progress with PT and considering the PT clinic information that the patient has been discharged from PT with plan for formal release, additional supervised PT is not supported. The patient appears to have obtained maximum benefit from supervised PT.

Therefore, my recommendation is to agree with the prior non-certification for 97110 continue physical therapy left knee 3x week x 2 weeks/97140 Manual therapy left knee 3x week x 2 weeks.

The IRO's decision is consistent with the following guidelines:

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

The Official Disability Guidelines 06-30-2010 Knee and Leg Chapter: Physical Therapy:

Recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated.

It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses).

Active Treatment versus Passive Modalities: See the Low Back Chapter for more information. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530).

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.

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

Medical treatment: 12 visits over 8 weeks

Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks