Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Feb/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Physical Therapy 3xwk x 4wks 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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Office notes, Dr. 07/02/09, 07/23/09, 09/22/09, 10/13/09, 11/03/09, 12/15/09
PT Initial Evaluation, 07/28/09
PT notes, 08/04/09, 08/05/09, 08/06/09, 08/12/09, 08/14/09, 08/18/09, 08/19/09, 08/27/09, 08/27/09
Office notes, Dr. 11/10/09, 12/08/09, 01/05/10
MRI Left Knee, 12/03/09
Office note, Dr., 12/14/09
PT Initial Evaluation, 12/28/09
Review, Dr., 01/04/10
Review, Dr. , 01/15/10
Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, (i.e. Knee-Physical Therapy

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who tripped and fell on both knees and left wrist on xx/xx/xx. Dr. saw her on 07/02/09 and noted bruising and a small abrasion over the anterior aspect of both knees. She had good patellar mobility and good knee extension strength. A contusion of the knee was diagnosed. At the 07/23/09 visit she reported ongoing left knee soreness. There was tenderness in the patellofemoral joint and a little bit of tenderness at the inferior pole of the patella. She had good quadriceps strength, but pain with resisted extension.

Chondromalacia patella was diagnosed. Therapy was recommended and attended from 07/28/09-08/27/09. A daily therapy note on 08/27/09 noted improvement with therapy and minimal to no left knee pain. Left knee motion was within functional limits with minimal pain and no gait abnormalities. The therapist recommended discharging the claimant from therapy for the left knee. The claimant had ongoing left knee pain and was referred to Dr. Dr. saw the claimant on 11/10/09 for left knee pain with motion and weight bearing. There was tenderness about the medial joint line and pain with Apley's and McMurray's. X-rays of the left knee showed no acute bony abnormalities and well-maintained joint spaces. Internal derangement of the knee was diagnosed. An MRI of the left knee on 12/03/09 showed mild insertional quadriceps tendinosis, mild grade I medial collateral ligament sprain pattern and mild cartilage loss of the patellofemoral compartment. Dr. recommended conservative treatment. A therapy evaluation on 12/28/09 noted worsening left knee pain in the left lateral knee with pain more distally to the lateral calf and ankle and radicular symptoms into the left lower extremity to the foot with numbness and tingling. She had difficulty with ambulation including stairs and had a mild limp in weight shift on the left during stance phase. Knee flexion was 120 degrees and extension 0 degrees. She had a fair quadriceps set without extensor lag and grade 4+/5 strength with pain. She was only able to stand for 2 seconds on the left lower extremity. There was a positive patellar scrunch test. Therapy for 12 visits was recommended. This was denied on 01/04/10 and 01/15/10 reviews. Dr. saw the claimant on 01/05/10 noting left knee pain for which she wanted to treat conservatively with therapy. There was tenderness over the medial joint line and patellofemoral joint. Therapy and conservative treatment was recommended.

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

The medical records would indicate the provision of several weeks of physical therapy after the injury of xx/xx/xx. The ODG guidelines recommend a treatment duration of eight weeks, which has been significantly exceeded in this patient's case. Nine physical therapy visits in July 2009 and August 2009 are documented. The additional physical therapy would exceed the recommended amount specified in the ODG. Based on the ODG, the reviewer finds that medical necessity does not exist for Physical Therapy 3xwk x 4wks Left Knee.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, (i.e. Knee-Physical Therapy

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

Medical treatment: 9 visits over 8 weeks

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear)

Medical treatment: 12 visits over 8 weeks

Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis 9 visits over 8 weeks

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)