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Notice of Independent Review Decision

DATE OF REVIEW: 1/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The service under dispute is physical therapy (2x per week for six weeks) consisting of 97110, 97112, 97140 and 97530)

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing greater than 10 years and performs this type of procedure in daily practice.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of physical therapy (2x per week for six weeks) consisting of 97110, 97112, 97140 and 97530).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: The Orthopedic Store and MD.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Orthopedic Store: 12/14/09 PT script, 11/23/09

progress report, daily notes from 8/27/09 through 11/25/09, 10/14/09 report by MD, 10/8/09 progress report, 8/26/09 PT script, 8/27/09 PT plan of care form and 8/27/09 PT evaluation.

preauth request of 11/30/09 and reconsideration of preauth request of 12/7/09.

Dr. : office notes by Dr. from 7/27/09 to 12/14/09, operative report of 8/23/09, 12/14/09 radiographic report, current visit/med history form from 7/27/09 to 8/27/09, 9/9/09 radiographic report, 7/17/09 MRI report, 12/3/09 denial letter and 10/8/09 progress report.

We did not receive the WC Network Treatment Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a work related injury to the right knee x/xx/xx. He was referred to Dr. who saw him for orthopedic evaluation and treatment July 27, 2009. The patient explained that he twisted his knee x/xx/xx when he jumped off a fence. Examination of the right knee revealed a positive Lachman's exam, positive anterior drawer test, one plus effusion. Dr. reviewed imaging studies including x-rays (CD images) from x/xx/xx which were negative for fracture, arthritic changes or loose bodies. He reviewed the MRI dated 7/17/2009 which showed a complete tear of the anterior cruciate ligament. There was a large cartilage defect on the medial femoral epicondyle. Dr. diagnosed left knee anterior cruciate ligament tear and left knee traumatic OCD lesion. After discussion, arrangements were made for surgery, including ACL reconstruction with probable OATS procedure for the OCD lesion. On the follow-up visit 8/10/2009 a tentative surgery date was set for 8/20/2009.

On August 25, 2009 the patient went to surgery for the following:

- Right knee arthroscopic anterior cruciate ligament reconstruction with anterior tibialis allograft.
- Right knee arthrotomy and open osteochondral autograft transfer system (OATS procedure)
- Intra articular insertion of a pain pump.

The postoperative plan was to be non-weight bearing for 8 weeks, toe-touch weight bearing for 8-12 weeks for the OCD lesion.

On the follow-up visit August 26, 2009 the patient was ambulatory with crutches. The incisions were healing well. A prescription was submitted for physical therapy, 1-2 times per week for six weeks, with non-weight bearing on the right lower extremity for eight weeks then toe-touch weight bearing for four weeks. According to the physical therapy progress report/discharge summary dated 10/08/2009, the patient completed all 12 of the therapy sessions while remaining at non-weight bearing status. He met the therapy goals for reduction of swelling, improvement of knee range of motion in flexion, and improvement of hip flexion

strength. Progress was being made toward knee range of motion (extension) and toward strength of knee flexion and extension.

On a follow-up visit 9/9/2009 the sutures were removed without incident. Range of motion was zero to sixty degrees. Imaging studies showed no failure of hardware and no loosening of components. The OATS seemed to be in place. The plan was not to start strengthening until 12 weeks postop, per protocol. He would need therapy through the postoperative period and would not start progressive therapy until three months postop.

On a follow-up visit 10/14/2009 the knee lacked about six degrees of active extension but had full passive extension. Knee flexion was 125 degrees. The plan was for the patient to be non-weight bearing for another two weeks and then to begin toe-touch weight bearing for the next four weeks. A prescription was written for physical therapy. On November 23, 2009 the therapist submitted a Progress Report/Discharge Summary, reporting that the patient had attended the prescribed sessions of therapy and had progressed to toe-touch weight bearing. He attained the therapy goals except for knee extension strength, which was progressing. The therapist recommended therapy for two times per week for four more weeks to progress to functional activities, increase quadriceps control and strength as weight bearing status is progressed.

On 12/14/2009 the patient was using a cane. He walked with a slightly antalgic gait. Range of motion was zero degrees to 135 degrees. Imaging studies of the right knee were reported to show tunnels in good placement with no failure of hardware and no arthritic changes. The OATS plug appeared to be in appropriate position. Per protocol, Dr. authorized full weight bearing at 12 weeks postop. Therapy was prescribed for six weeks, two days per week. The proposed treatment was non-certified December 3, 2009. On reconsideration, the proposed treatment was again non-certified.

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

According to the submitted records, the patient remained in full compliance with the treatment program, made satisfactory progress toward the goals stated in the therapy notes and summaries, continued to work with restrictions as advised, and progressed to full weight bearing 12 weeks after the surgery per protocol. The physical therapy Progress Report/Discharge Summary 11/23/2009 clearly stated that the patient attained the stated goals for strength and range of motion except for knee extension strength, which was progressing (with pain). The therapist proposed twice weekly sessions for four more weeks to progress to functional activities, increase quadriceps control and strength as weight bearing status is progressed.

According to the ODG guidelines pertaining to physical therapy: Physical medicine treatment (including PT, OT and chiropractic care) should be an option

when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations; the functional limitations are likely to respond to skilled physical medicine treatment; care is active and includes a home exercise program; & the patient is compliant with care and makes significant functional gains with treatment...

With respect to the 24 treatments given in August through November, 2009, all of these criteria were met and were documented appropriately.

The ODG guidelines give no specific timelines for rehabilitation after the OAT procedure, however, the general principles stated in the PT preface of the ODG guidelines should apply.

(1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy)... & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

No documents specifically proposing such a tapering care plan were submitted. As noted above, the Progress Report/Discharge Summary submitted by the therapist 11/23/2009 included recommendations for therapy twice weekly for four more weeks to progress to functional activities, increase quadriceps control and strength as weight bearing status is progressed. Although such a treatment plan may be reasonable and justifiable, the specific purpose of this review is to determine the prospective medical necessity of physical therapy twice weekly for 6 weeks consisting of 97110, 97112, 97140 and 97530.

The 12 weeks of restricted weight bearing may be construed as an "exceptional factor", possibly justifying a number of visits that exceed the guideline. However, the plan of care itself should comply with the general principles in the guidelines. The reviewer's opinion is that this does apply in this case as an exceptional factor; thereby, the request treatment is medically necessary. This is partially due to the fact that the ODG does not specifically mention the OATS procedure.

Another factor is the Massachusetts General Hospital Orthopedics Protocol for Mosaicplasty and OATS Surgery includes a three-part rehabilitation program. The goal of phase three is to walk normally, regain full motion, and to regain full muscle strength. After one-stage open ACL reconstruction and osteochondral

autologous grafting of articular cartilage lesions, rehabilitation is slower than it would be for either individual surgical procedure. The progression to weight bearing as tolerated should be regarded as the beginning of the final phase of the Mr.'s postoperative rehabilitation protocol, which includes "progression of functional activities and restoration of quadriceps control and strength", as stated in the Physical Therapy Summary. Based upon all of the information listed above, this procedure is found to be medically necessary at this time based upon the records provided.

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)

Krzysztof Gawęda, Jacek Walawski, Robert Węglowski, and Maciej Patyra
Rehabilitation after one-stage anterior cruciate reconstruction and osteochondral
grafting Int. Orthop. 2006 June; 185-189. PMID PMC2532094© Springer-Verlag
2006 Orthopaedic and Traumatology Department, Feliks Skubiszewski Medical
Academy of Lublin, Jaczewskiego 8 str., 20-950 Lublin, Poland

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**