

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: December 14, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3 x week x 4 weeks (12 sessions) including 97110 (therapeutic exercises to develop strength and endurance, range of motion and flexibility), 97530 (therapeutic activities), 97113 (aquatic therapy with therapeutic exercises)

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

x Upheld (Agree)

Medical documentation does not support the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization Reviews (11/16/09, 11/20/09)

Cambridge Integrated Services

- Office Notes (10/28/09 - 11/06/09)
- Utilization Reviews (11/16/09, 11/20/09)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who while stepping out of his tractor stepped on a stone and twisted his right knee. The incident occurred on xx/xx/xx.

On October 28, 2009, the patient underwent physical therapy (PT) evaluation at Orthopaedic Surgery Group and Center for pain in the right knee (slightly improved after aquatic therapy), episodes of giving way, and increased swelling.

The pain was rated at 8/10. Examination revealed moderate pain and tenderness with palpation in the medial collateral ligament (MCL) region. PT modalities of cardiovascular exercises, knee stretches, knee exercises, and ultrasound were performed and the patient was recommended extensive home exercise program (HEP).

On October 30, 2009, the patient reported decreased pain at an intensity of 5/10. PT modalities were given and it was noted the patient had done well with PT treatments, although he responded slowly to pain relief.

On November 6, 2009, , M.D., evaluated the patient who was status post surgery on July 20, 2009. Examination revealed good range of motion (ROM) of the knee, little bit swelling and some tenderness medially. Dr. diagnosed medial meniscal tear of the knee and chondromalacia patella and recommended continuing PT particularly aquatic therapy.

On November 16, 2009, M.D., performed a utilization review and noted the following treatment history:

After fall the patient was treated by Dr. and was taken off work. He was treated conservatively with PT. Magnetic resonance imaging (MRI) of the knee revealed osteoarthritis. In May, the patient complained of right medial knee pain with constant aching, some giving way, instability, and swelling of the knee. Examination was remarkable for mild limp, difficulty with stairs, 0 to 105 degrees knee ROM, positive McMurray's and Apley's tests. The patient underwent surgery for the right knee to include arthroscopy, partial medial meniscectomy, chondroplasty patella, lateral femoral condyle chondromalacia, and patellar chondromalacia, and chronic tear of the medial meniscus. Postoperatively, he was given 12 sessions of PT. In September, Dr. recommended medial unloader brace, which was authorized. He noted mild right knee pain with intermittent stiffness and mild pain in the anterior aspect of the knee, difficulty with ambulation including stair climbing, mild limp with ambulation and decreased weight shift, tenderness throughout the anterior knee at the patellar regions and portals. Dr. recommended additional PT and functional capacity evaluation (FCE) and possible work hardening program (WHP) after the treatment.

The request for additional PT was denied with the following rationale: *"Additional PT for 12 visits is not indicated per review of case notes, peer discussion, and Official Disability Guidelines (ODG) recommendations. ODG recommends PT for postsurgical meniscectomy of 12 visits over 12 weeks. The patient has had 18 visits of PT to date with limited results, six beyond ODG recommended number. It is unclear what benefit is expected from continued therapy since the patient has not responded significantly to PT to date. Based on these factors, additional therapy is considered not indicated."*

On November 20, 2009, M.D., performed a utilization review and denied the appeal for additional 12 visits of PT to include aquatic therapy with the following rationale: *"The patient was seen on November 6, 2009, by Dr. who in the history stated, He is doing excellent. He does not feel he is ready to return to work." The patient demonstrated good ROM of the knee. There was still a little bit of swelling and the knee was still sore medially. Dr. recommended more PT. The request should not be made on claimant's "not feeling ready to return to work." The October 30, 2009, PT progress note indicates the patient is feeling better, pain improved to 5/10. The PT routine consisted of 10 minutes of treadmill at 2 mph. Then there were knee stretches and Cybex strengthening. The patient also received ultrasound (indication unclear). The PT was put on hold pending a*

doctor visit. The note indicates he has done well and was slow to respond to pain relief. There are no objective measures of ROM or strength. The patient has exceeded the maximum number of visits per ODG criteria for meniscectomy of 12 visits. The doctor note indicates the patient is doing excellent. There are no objective criteria provided by the doctor or the physical therapist to indicate need for additional PT. He has exceeded the maximum ODG visits and should be able to complete an HEP. Therefore the request for additional PT is denied."

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

The claimant underwent knee arthroscopy during July 2009 and had more than the recommended amount of physical therapy, up to 18 visits. An additional 12 visits have been denied. The denial of additional PT appears appropriate, as there is a lack of sufficient clinical indication for additional PT. No specific rationale has been provided that would circumvent ODG criteria.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES