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Notice of Independent Review Decision

DATE OF REVIEW: 6/14/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy for the left knee 12 visits

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

Certified by the American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective			Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physician/practitioner notes/evaluations/letters from 7/28/06 through 5/18/10

Physical Therapy notes from 7/25/06 through 2/2/10

Impairment Rating Reports dated 10/20/06, 11/21/07, 7/9/08

Computerized Muscle Testing (CMT) and Range of Motion (ROM) reports dated 12/4/06, 2/20/08, 4/27/10

Functional Capacity Evaluation dated 12/20/06

X-ray reports dated 11/17/06, 11/29/06

EKG report 1/19/07

Operative reports dated 1/23/07, 6/3/09,

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Medical record for procedure of 12/9/09

Anesthesia record for procedure of 5/13/09

Official Disability Guidelines provided – Knee & Leg (Acute & Chronic)

PATIENT CLINICAL HISTORY:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient entered a room that had just been mopped and slipped on the wet floor, falling on her knees and injuring her knees and back. MRI studies revealed a tear of the right lateral meniscus and absent left lateral meniscus associated with severe chondromalacia and osteoarthritis. MRI of the lumbar spine dated 11/29/06 revealed a 3 mm focal posterocentral disc herniation at L4-5 and posterocentral disc bulge at L5-S1. EMG/NCV dated 12/29/06 revealed findings consistent with chronic irritation of bilateral S1 nerve roots. The patient underwent right knee arthroscopy with partial lateral meniscectomy on 01/23/07 and left knee arthroscopy on 07/06/07 which revealed a previous lateral meniscectomy, grade IV arthritic changes, grade II chondromalacia involving the lateral compartment, and a Baker's cyst. The patient underwent postoperative physical therapy and Synvisc injections. The patient was subsequently found to have reached MMI as of 11/21/07 with 15% whole person impairment.

The patient returned on 03/06/09 after completion of a course of individual psychotherapy. The patient continues to complain of significant left knee pain and has difficulty with ambulation that requires a cane. The patient is noted to have completed extensive physical therapy, oral anti-inflammatories, surgical intervention and knee bracing and injections. The patient's BMI is less than 35, and the patient was recommended to undergo left total knee arthroplasty.

The patient underwent left total knee arthroplasty on 05/13/09 followed by irrigation and debridement of left knee wound and manipulation under anesthesia of the left knee on 06/03/09. Follow up note dated 08/17/09 indicates the patient is participating in postoperative physical therapy with moderate relief. The patient completed approximately 30 postoperative physical therapy sessions.

Examination dated 10/26/09 indicates that the patient complains of left knee locking and restricted range of motion. Diagnoses include bilateral knee strain; right medial meniscus tear; left knee Baker's cyst and traumatic arthropathy of the left knee. The patient was recommended to return to work with appropriate restrictions.

The patient developed stiffness and the left knee lacked significant flexion, and the patient underwent left knee manipulation under anesthesia on 12/09/09. The patient has completed at least 12 postoperative physical therapy sessions. Physical therapy report dated 02/02/10 indicates that the patient rates her pain as 8/10. Range of motion is -1 to 53 degrees. Muscle strength is rated as 4-/5 in quadriceps and hamstring.

Examination dated 01/14/10 revealed that the patient's left knee range of motion is 16 degrees extension and 66 degrees flexion. Right knee is flexion 63 degrees and extension 7 degrees. A

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report dated 02/02/10 indicates that the patient's left knee range of motion is 0 to 80-90 degrees of flexion with pain. There is no instability noted and she is intact distally. Radiographs revealed total knee arthroplasty in good positioning and alignment with no loosening. Letter of medical necessity dated 03/29/10 indicates that additional physical therapy is medically necessary for strengthening, increased range of motion and to regain functional level to the injured area. A report dated 04/27/10 indicates that the patient has been performing a home exercise program and increasing her mobility. The patient is participating in a weight loss program and has lost approximately 50 pounds. The patient reports 8/10 pain with continued difficulty walking and constant soreness. The patient continues to utilize a walker for ambulation. On physical examination there is 1-2+ effusion noted. She continues to have tenderness about the entire knee. Range of motion is 0-95 degrees. There is no instability noted.

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

In the Reviewer's opinion, based on the clinical information provided, the request for physical therapy for the left knee x 12 visits is not recommended as medically necessary. The patient's treatment to date includes left knee arthroscopy performed on 07/06/07, left total knee arthroplasty followed by manipulation under anesthesia performed in May and June 2009, and left knee manipulation under anesthesia for flexion contracture performed on 12/09/09. The patient has completed 12 postoperative physical therapy visits since the most recent manipulation under anesthesia. The submitted records indicate that the initial physical therapy evaluation dated **12/15/09** the patient rated her pain as 4-5/10. On physical examination range of motion is -4 to 100 and strength is rated as 4-/5. Physical therapy reevaluation on 02/02/10 noted that the patient rates pain as 8/10. On physical examination range of motion is -1 to 53 degrees and strength is rated as 4-/5. Current evidence based guidelines support continued physical therapy with evidence of functional improvement. There is no documentation provided to indicate that the patient made significant gains in postoperative physical therapy, and in fact, the records provided indicate that the patient actually worsened while in physical therapy. The patient's subjective pain reports increased, range of motion decreased and strength remained unchanged. Given the lack of documentation of objective functional improvement, the request for physical therapy x 12 visits to the left knee is not indicated as medically necessary.

Reference:

2010 Official Disability Guidelines, 15th edition, Work Loss Data Institute, online version, Knee and Leg Chapter.

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

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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

Pain in joint; Effusion of joint (ICD9 719.0; 719.4):

9 visits over 8 weeks

Arthritis (Arthropathy, unspecified) (ICD9 716.9):

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks

Abnormality of gait (ICD9 781.2):

16-52 visits over 8-16 weeks (Depends on source of problem)

Fracture of neck of femur (ICD9 820):

Post-surgical: 18 visits over 8 weeks

Fracture of other and unspecified parts of femur (ICD9 821):

Post-surgical: 30 visits over 12 weeks

Fracture of patella (ICD9 822):

Post-surgical: 10 visits over 8 weeks

Fracture of tibia and fibula (ICD9 823)

Medical treatment: 30 visits over 12 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

Amputation of leg (ICD9 897):

Post-replantation surgery: 48 visits over 26 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

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- 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)**