



Notice of independent Review Decision

DATE OF REVIEW: June 11, 2010

IRO Case #:

Description of the services in dispute:

12 sessions of physical therapy.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Physical Medicine and Rehabilitation. This reviewer has been in active practice since 2005.

Review Outcome

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

Upheld.

The request for 12 sessions of physical therapy is not medically necessary.

Information provided to the IRO for review

Records Received from the State:

Request for IRO, 5/24/10, 4 pages.

Confirmation of Receipt for IRO, 5/24/10, 6 pages.

Records from Sports and PT:

Patient clinical history [summary]

The patient is a female who sustained an injury on xx/xx/xx when she heard a pop in the right knee. The patient was initially diagnosed with a sprain injury to the right knee and was initially referred to physical therapy for continued pain. The patient was evaluated by orthopedic surgeon Dr. on 10/22/08 due to significant pain over the medial collateral ligament. Dr. diagnosed the patient with a right medial collateral ligament sprain with possible chronic regional pain syndrome (CRPS). The patient was found to not be at maximum medical improvement on two separate designated doctor evaluations due to the patient having swelling and hypoesthesia on physical exam. Electrodiagnostic studies performed on 01/02/09 did not reveal a normal study of the right lower extremity. The patient underwent a lumbar ganglion block on 04/16/09 which did provide some benefit in regard to pain for over one week. The second designated doctor evaluation by Dr. on 06/02/09 recommended continued pain management and additional injections. In a follow-up letter by Dr. on 06/22/09, Dr. stated that a right knee sprain was the only acceptable diagnosis and the patient had reached maximum medical improvement at 0% whole person impairment. It was noted that Dr. did continue to recommend additional treatment for the patient. A required medical evaluation (RME) on 09/23/09 indicates the patient continued to complain of persistent right knee pain radiating into the right foot. The patient reported a gait disturbance with difficulty walking and reported gaining 25 lbs. in extra weight. The patient stated that prior physical therapy did not have any significant benefit and she was limited in activities due to pain. Current medications at this visit included Lyrica 50-75 mg twice to three times per day. The physical exam revealed intact strength in the lower extremities; however, there was difficulty in testing the right lower extremity due to significant complaints. The right patellar reflex could not be tested due to hypersensitivity; however, Achilles reflexes were intact. Exquisite tenderness to palpation was noted over the medial aspect of the right knee. Significant swelling of the right lower extremity was noted with purplish discoloration of the anterior aspect of the right knee and a darker arrhythmic appearance over the distal right lower extremity. The right lower extremity was cooler to touch compared to the left and the patient had significantly reduced active range of motion and could not fully extend the right knee. Flexion was limited to 90 degrees. Allodynia was present on exam of the right knee down the right leg. An MRI was recommended and demonstrated minimal grade I-II signal of the

posterior horn of the medial meniscus with mild patellar chondromalacia. The patient was diagnosed with CRPS type I and right saphenous neuritis as a result of the work injury. The patient continued to be followed by Dr. through April of 2010. Follow up on 04/13/10 stated the patient was frustrated with discontinuation of physical therapy. The patient reported some improvement with physical therapy and was performing a home exercise program. The patient stated she had worsening pain with exercise and had occasional feeling of her knee giving out. The physical exam revealed severe tenderness over the right knee area. A physical therapy evaluation on 04/27/10 reported continued pain in the right knee, currently 3/10 on the VAS scale. Objective exam revealed intact range of motion of the right knee at 135 degrees. No significant atrophy was noted and very mild to mild right strength loss was noted. The patient was recommended for an additional 12 sessions of physical therapy to consist of aquatic therapy and the use of a TENS unit for pain control. The request was denied by utilization review on 04/30/10 as the request was in excess of ODG recommended duration and frequency for CRPS. A second denial dated 05/18/10 stated that the additional physical therapy requested was not recommended due to numerous physical therapy sessions completed to date and the ability of the patient to perform a home exercise program.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The request for 12 sessions of physical therapy is not medically necessary. Based on the clinical documentation provided for review, the patient has had over 50 sessions of physical therapy. The patient continues to complain of persistent pain and limited function in the right knee. Per the most recent physical therapy evaluation, however, only mild functional deficits are noted on physical exam. Range of motion of the right knee is within normal limits and there is no atrophy noted. Only very mild motor weakness is noted on strength testing and the patient only reports her pain at 3/10 on the VAS scale. Based on this evaluation, it would be reasonable to expect that the patient would be able to sufficiently continue with a home exercise program that would adequately deal with these mild functional limitations. As the patient has had over 50 sessions of physical therapy to date, it appears the patient has reached a plateau level and would only further require a home exercise program.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Official Disability Guidelines, online version, Pain Chapter

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.

Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):

26 visits over 16 weeks