

Clear Resolutions Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Continuation Physical Therapy 3 x wk x 4 wks

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines -- Physical Therapy

letters 04/23/10, 05/18/10

Office notes, Dr. 10/28/08, 12/02/08, 12/23/08, 04/03/09, 05//08/9, 06/12/09,11/20/09, 02/02/10, 03/02/10, 03/20/10, 04/16/10

MRI left knee, 11/22/08

MRI right knee, 11/22/08

MRI lumbar spine, 11/22/08

PT notes, 12/05/08, 12/17/08, 12/19/08, 12/22/08, 12/24/08, 01/15/09, 01/19/09, 01/30/09, 02/06/09, 02/11/09, 10/01/09, 10/13/09, 10/15/09, 10/16/09, 10/19/09, 10/21/09, 10/20/09, 10/31/09, 11/02/09, 11/09/09, 11/06/09, 11/09/09, 11/11/09, 01/08/10, 01/11/10, 01/13/10

Office note, Dr., 02/09/09, 04/01/09

Office note, Dr., 04/15/09, 06/15/09, 09/17/09, 04/28/10

PT notes 02/01/10, 02/05/10, 02/12/10

02/23/10 operative report

Aquatic PT (knee?) 03/15/10, 03/19/10, 03/22/10, 03/26/10

PT notes 03/29/10, 04/02/10, 04/05/10, 04/09/10, 04/12/10, 04/16/10, 04/19/10, 04/23/10, 04/26/10, 04/30/10

05/21/10 Dr., letter

PT notes 05/07/10, 05/03/10, 05/10/10, 05/14/10, 05/17/10, 05/21/10, 06/14/10, 06/18/10

06/13/10 Dr. office note

06/23/10 PT note

Dr. 06/23/09
Prescription 12/02/09
Pre-authorization Request (no date)
Testing Checklist (no date)
Chronic Pain Program 05/17/10
Chest x-ray 02/18/10
EKG 02/18/10,
Therapy Request 12/05/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female injured on xx/xx/xx when she fell.

On 10/28/08, Dr. evaluated her for bilateral knee pain. There was right knee mild swelling with anterolateral joint line tenderness and motion 0-120 degrees with a positive Apley.

The 11/22/08 MRI of the left knee showed moderate to moderately severe tricompartmental arthritis, a tear of the lateral meniscus with the body subluxed out of the joint, medial meniscal capsular separation with a probable medial meniscus tear and moderate effusion. An 11/22/08 MRI of the right knee documented moderate to moderately severe arthritis, tears of the menisci and a mild effusion. The 11/22/08 MRI of the lumbar spine showed multilevel spondylosis with degenerative changes and narrowing, central stenosis at L4-5 with facet arthropathy and effusion and moderate L5-S1 facet arthropathy.

The 12/02/08 office visit with Dr. reported the claimant had pain in the lumbar spine. She was referred for therapy after the knees were injected with steroid. She attended therapy for the back and knees into 02/09. Her back and knee pain persisted. Dr. recommended referral for her back after nerve root blocks failed to produce significant improvement.

On 04/15/09, Dr. reported that aquatic therapy gave minimal relief. The claimant was using a walker. He diagnosed lumbar radiculopathy and recommended L4-5 decompression and fusion. This was carried out in 06/09. Therapy was carried out for the low back from 10/01/09 to 11/11/09 for 14 visits with no apparent improvement. Additional therapy was documented in 01/10 and 02/10 for 6 visits.

On 02/02/10, Dr. noted complaints of pain and locking of the left knee. Arthroscopy was recommended. On 02/23/10, the claimant had a left knee arthroscopy for partial medial and lateral meniscectomy and chondroplasty medial femoral condyle. There were changes of the medial femoral condyle grade 3-4, lateral femoral condyle and tibial plateau grade 4 and patella grade 2.

A 03/02/10 note from Dr. indicated motion was motion 0-90 degrees. He recommended aquatic therapy.

Aquatic therapy was documented on 03/15/10, 03/19/10, 03/22/10 and 03/26/10. By 03/20/10, the claimant still had knee pain and received an injection.

Additional therapy was carried out for the knee and back from 03/29/10 to 04/30/10 for 10 additional visits. A 04/16/10 note from Dr. reported the claimant was slow to recovery with the left knee and motion was 0-100 degrees and would require total knee arthroplasty.

On 04/28/10, Dr. noted that the claimant still had significant low back pain and was using a cane or walker. The neurological examination was normal. He noted that she did well with therapy until a recent denial. He felt that the continuation of water therapy would be of benefit. Additional therapy was denied.

In a 05/21/10 letter from Dr., therapy for the knees was again requested as he felt that it would improve mobility. Therapy was carried out for the knee and back from 05/07/10 to

06/18/10 for an additional 8 visits. The claimant was referred for pain management for the low back on 06/13/10. The 06/23/10 therapy report noted that lumbar motion was limited and she had pain 4-7/10. The therapist also noted that additional surgery for the knee was planned the following week. She had 43 sessions of therapy at that point.

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

This claimant would appear to have chronic complaints. It appears that 43 sessions of therapy have recently been provided. It would appear that these visits took into account the low back and the knee.

According to ODG guidelines regarding physical therapy, 34 visits over 16 weeks would be anticipated after fusion. After operative treatment of the knee, 12 visits over 12 weeks would be anticipated. Both the number of visits and the duration of visits have been exceeded in this case under the guidelines. The request for additional therapy would far exceed the ODG guidelines and cannot be recommended as medically necessary based on the guidelines. The reviewer finds that medical necessity does not exist for Continuation Physical Therapy 3x wk x 4 wks.

Official Disability Guidelines 2010. 15th Edition

Low Back-Physical Therapy

Official Disability Guidelines Physical Therapy

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8)

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks

Knee-Physical Therapy

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

Post-surgical (Meniscectomy): 12 visits over 12 weeks

Preface

When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

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

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)