

Notice of Independent Review Decision

DATE OF REVIEW: JULY 9, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 additional physical therapy sessions

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

This reviewer is licensed by Texas Board of Physical Medicine and Rehabilitation with 14 years of experience.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

There is an Employers First Report of Injury that states Ms. sustained an injury to her right and left knees when she tripped and fell.

On xx/xx/xx, Ms. was evaluated by, M.D. Impression: Bilateral knee contusions. Chest wall contusion.

On November 14, 2009, Ms. was evaluated by FNP. She stated that physical therapy treatment was helping. Impression: 1. Shoulder strain. 2. Chest wall contusion. 3. Bilateral knee contusions.

On December 2, 2009, Ms. was re-evaluated by FNP. She stated her right shoulder and chest were "OK" but her right and left knee still hurt.

On January 12, 2009, an MRI of the right knee was performed. Impression: 1. There is a degenerative tear through the posterior horn of the medial meniscus exiting inferiorly with degenerative signal. 2. Diffuse subcutaneous edema, nonspecific as interpreted by M.D.

On January 12, 2009, an MRI of the left knee was performed. Impression: 1. No significant degenerative changes to the left knee. 2. Subcutaneous tissue edema, nonspecific, possibly due to venous stasis as interpreted by M.D.

On January 20, 2009, Ms. was re-evaluated by FNP. She stated she "still has pain and weakness in both legs with some discoloration in her knees, she also states she stands about 100% of time at work".

On February 18, 2009, Ms. was evaluated by M.D. an orthopedic surgeon. Impression: Right knee meniscus tear. Dr. offered her an injection, however, she refuses it. Dr. recommended physical therapy for 4 weeks.

On March 25, 2009, Ms. was re-evaluated by M.D. Dr. recommended arthroscopic surgery of the right knee.

On June 5, 2009, Ms. was re-evaluated by FNP. She states her right knee is a little better. Her pain increases when working. Her surgery was denied because of her age.

On July 3, 2009, Ms. participated in a Functional Abilities Evaluation. Ms. was consistent in her efforts. D.C. recommended therapeutic exercise, and an active physical therapy program.

On July 10, 2009, Ms. was re-evaluated by FNP. She stated her right knee is sometimes good, sometimes bad, she has been able to increase her activity at work. She has been approved for a work hardening program.

On July 21, 2009, Ms. participated in a Physical Performance Evaluation. Ms. demonstrated a consistent effort. She did not meet the requirements to do her job safely and effectively. It was recommended that she continue her physical therapy program.

On July 27, 2009, Ms. was re-evaluated by FNP. She stated that she began work hardening and that she feels stronger, although she is not yet strong.

On August 14, 2009, Ms. participated in a Physical Performance Evaluation. She demonstrated a consistent effort. She does not meet the requirements, to do her job safely and effectively. It was recommended that she continue some form of continued active care.

On August 18, 2009, FNP, evaluated Ms. Ms. stated that her "knee continues to hurt, therapy is helping and knee is getting better." Assessment: Knee strain.

On October 13, 2009, CP M.D, evaluated Ms.. Impression: 1. Left knee strain. 2. Torn right meniscus. 3. Cervical strain. Dr. recommended 12 sessions of physical therapy.

On October 19, 2009, D.C. a chiropractor, evaluated Ms.. Ms. noted that the right knee is slightly worse because she feels it "lock and pop: from time to time. She also noted dropping items out of her hands from time to time. Impression: 1. Internal derangement of the right knee. 2. Cervical disc protrusion. 3. Cervical radiculitis (neuralgia). 4. Muscular deconditioning. 5. Knee sprain/strain. 6. Myalgia/myositis.

On November 11, 2009, Ms. was reevaluated by M.D. an orthopedic surgeon. Impression: Internal derangement bilateral knees, right greater than left. Dr. recommended a repeat MRI of the right knee.

On November 19, 2009, Ms. participated in a Physical Performance Evaluation.

On January 12, 2010, an MRI of the right knee was performed. Impression: 1. Medial meniscal tear. 2. Posterior capsular osseous body. 3. Patellar chondrosis as interpreted by M.D.

On February 5, 2010, Ms. underwent surgical intervention of the right knee as performed by M.D. Procedures: Right knee arthroscopy and a partial medical meniscectomy.

On February 18, 2010, Ms. was re-evaluated by D.C. Ms. will participate in active and passive care three times a week for four weeks.

On May 11, 2010, M.D. an Occupational Medicine specialist, performed a utilization review on the claimant. Rationale: There is inadequate reason for the amount of therapy requested. Therefore, it is not certified.

On May 18, 2010, Ms. was re-evaluated by, M.D. She has had 12 sessions of postoperative physical therapy from February 22, 2010 to May 10, 2010. She states she has a constant aching feeling in her right knee and it has been getting no better or no worse. She also states that her left knee constantly aches.

On June 9, 2010, M.D. an Occupational Medicine specialist, performed a utilization review on the claimant. Rationale: The patient has had the ODG recommended maximum number of rehab visits to date and has improved. The patient is reasonably expected to continue rehab as part of an independent home exercise program. Therefore, it is not certified.

Ms. initially participated in physical therapy sessions of the bilateral knees from October 20, 2009 to February 25, 2009. At the end she reported a 65% improvement overall.

Ms. participated in work hardening sessions from July 13, 2009 to August 13, 2009. Improvement was noted throughout the work hardening program.

PATIENT CLINICAL HISTORY:

On xx/xx/xx, the claimant injured herself while at work when she tripped on loose tile and fell forward injuring her hands, right rib cage, sternum and both knees.

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

Previous adverse determinations are upheld upon citing the knee chapter of the ODG Criteria: Firstly, the claimant has participated in the maximum number of recommended post-surgical (meniscectomy) physical therapy visits (12 visits over 8 weeks) with improvement. Secondly, upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatients and medical rehabilitation or chronic pain management/Functional restoration program) neither re-enrollment in, nor repetition of the same or similar rehabilitation program is medically warranted.

ODG Guidelines:

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

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

Work conditioning

See [Work conditioning, work hardening](#)

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