

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 5/5/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97110 Physical Therapy Right Knee 3xwk x4wks
97112 Neuromuscular Re-education Right Knee 3xwk x4wks
97140 Manual Therapy Right Knee 3xwk x 4wks

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

97110 Physical Therapy Right Knee 3xwk x4wks
97112 Neuromuscular Re-education Right Knee 3xwk x4wks
97140 Manual Therapy Right Knee 3xwk x 4wks Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Letter by dated 4/19/2010
2. Fax cover sheet by dated 4/15/2010
3. Fax cover sheet by dated 4/9/2010
4. Fax cover sheet by dated 3/16/2010
5. Request for Re consideration by dated 3/15/2010
6. Physical Therapy evaluation by, MD dated 2/26/2010
7. Consultation note by dated 2/26/2010
8. Initial consultation report by dated 2/12/2010
9. Letter by, MD dated 6/11/2009
10. Medical report by DC dated 3/6/2009-3/16/2009
11. Compensation work status report by, DC dated 3/4/2009-1/14/2010 multiple dates
12. Daily patient SOAP note by dated 3/6/2009-2/1/2010 multiple dates
13. MRI of the right knee plan by author illegible dated 3/23/2009
14. Notice to air analyzers by, dated 4/15/2010
15. Fax page dated 4/14/2010
16. Requesting review form by author unknown, dated 4/13/2010
17. Request for a review dated 4/9/2010
18. Review outcome dated 3/4/2010 & 3/22/2010
19. Denial information dated 3/3/2009
20. Letter by, dated unknown
21. Fax cover sheet by dated 5/3/2010
22. Clinical note by, MD dated 4/30/2010
23. Notice of assignment of independent review organization by dated 4/15/2010
24. Appeal request for reconsideration by, MD dated 3/15/2010
25. Physical therapy evaluation note by, MD dated 2/26/2010
26. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee (IE) is a male with a DOI of xx/xx/xx when he fell backwards. Initial summary signed by the IE on that date was his hip was hurting. The diagnosis is right knee pain. The IE had PT (physical therapy). An MRI (magnetic resonance imaging) completed 3/23/09 found moderate edema on lateral femoral condyle and lateral plateau and a mild sprain of his medial collateral ligament. On June 11, 2009, he was diagnosed with a right knee possible lateral meniscus tear by clinical evaluation. Knee arthrogram completed for MRI on 8/12/09 and there was no internal derangement noted to meniscus or ligaments. He also was treated with cortisone injection and NSAIDS (non-steroidal anti-inflammatory drugs). After PT, he was non compliant with HEP (home exercise program). Clinical exam was significant for mild patellofemoral crepitus, no meniscal click and snapping plica in November 2009. Diagnostic arthroscopy was recommended. Most recent clinical note from 2/10 noted TTP (notes not specific to exact location), reported decreased range of motion (no objective measurements provided), and knee was stable. Orthopaedic referral was ordered and reportedly surgery was approved. There is 2/26/10 PT note indicating IE would benefit from PT, but no record of surgery. The request is for 12 visits of PT.

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

Based on the information provided regarding this injured employee, he has a knee without evidence of meniscal or ligamentous pathology. He has already had several sessions of PT for his knee. The injured employee was approved for diagnostic arthroscopy on 2/24/10. There is a physical therapy (PT) evaluation from 2/26/10 indicating there are some strength deficits but no mention of surgery.

The request for 12 visits of PT is recommended for denial as there is no documentation of the approved surgery and the injured employee has already had an adequate number of PT visits for a sprain and also was documented to be non compliant with a home exercise program (HEP).

The additional information provided does not change the decision. There is no objective criteria provided and no mention of surgery. Last PT note provided in the new documents was 2/26/10. The recommendation is to uphold the previous denial.

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)

Br Med Bull. 2007;84:5-23. Epub 2007 Sep 3.

Magnetic resonance imaging versus arthroscopy in the diagnosis of knee pathology, concentrating on meniscal lesions and ACL tears: a systematic review.

Crawford R, Walley G, Bridgman S, Maffulli N.