



IRO#
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Plano, Texas 75093
Phone: (972) 931-5100

DATE OF REVIEW: 10/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional 12 sessions of PT to the left knee

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Additional 12 sessions of PT to the left knee	97110	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	14	09/22/2010	09/22/2010
2	IRO Request	TDI	1	09/22/2010	09/22/2010
3	Op Report	Hospital	9	03/31/2009	04/05/2009
4	Office Visit Report	MD	3	06/28/2010	09/13/2010
5	PT Notes	Rehabilitation Services	12	03/18/2010	08/19/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male patient with a DOI of xx/xx/xx. The patient reportedly fell at work sustaining an injury to the left knee. The patient has co-morbidities which include type 2 diabetes mellitus, Crohn's disease and ulcerative colitis. On 04/01/09, the patient underwent a left knee arthroscopic removal of a loose fragment, open Trillat procedure, lateral retinacular release and medial retinacular reefing. The patient was treated

with extensive post operative physical therapy. On 01/28/2010, the patient underwent a second surgical procedure for bone grafting of the tibial tubercle. Post-operatively, he has undergone additional physical therapy. He continues to suffer quadriceps weakness to the left leg. He is participating in aquatic physical therapy which has been inconsistent in that the patient has had gastrointestinal problems, prohibiting consistent attendance. As of 08/19/10, the patient has received at least 34 sessions of physical therapy. A request for 12 additional sessions of physical therapy has been denied on both initial and appeal level review. This is an IRO request for an additional 12 session of PT to the left knee.

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

Is the additional 12 sessions of PT to the left knee reasonable and necessary? No. The applicable passage from the ODG, 2010, knee chapter is cited below. Currently, the patient is complaining of some additional left knee pain. He has persistent quadriceps weakness. It appears that this patient is being transitioned out of an aquatic physical therapy program into a land based strengthening program. He has been instructed in a home exercise program. He has completed extensive PT to date. It appears that his co-morbidities have interfered with his routine program of rehab. The goals proposed for additional physical therapy include exercises for strengthening of the lower extremity musculature. However, clearly, quadriceps and hamstring strengthening can be achieved in a unsupervised home exercise program. It is unclear what specific benefit is to be derived with additional formal Physical Therapy. The prior denials of this preauthorization request appear to be appropriate and should be upheld.

Physical medicine treatment: 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

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

Post-surgical: 30 visits over 12 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
- 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)

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 10/12/2010.