

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 09/21/10

DATE OF AMMENDED DECISION: 10/18/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS Dates Of Service From 8/23/2010 To 9/20/2010. 12 visits of physical therapy over 4 weeks for the right knee with CPT codes-97110, 97140, 97116, 97113, 97535, 97014, 97035, 97010, & 97124.

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Partially Approved

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Office visit notes Dr., 07/20/10 to 07/29/10
2. Therapy referral form, 07/20/10
3. Initial evaluation PT dated 07/29/10
4. Utilization review determination dated 08/25/10
5. Notification of determination dated 08/26/10
6. Letter regarding request for reconsideration dated 08/26/10

7. Utilization review determination dated 08/30/10
8. Notification of determination dated 08/30/10
10. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female whose date of injury is xx/xx/xx. The earliest record submitted for review was an office visit note dated 07/20/10. The employee's chief complaint was left knee pain. The employee was status post left knee arthroscopy and the wounds looked good. The diagnosis was tear, medial meniscus, knee, current. The employee would be started in physical therapy.

Physical therapy initial evaluation dated 07/29/10 indicated that the employee was injured at work on xx/xx/xx when she was squatting to pick up some product off the floor. She stated she hit the right knee and the pain persisted until it gradually became worse. The employee was status post right knee meniscectomy performed on 07/12/10. The employee's chief complaint was of right knee pain. Objective clinical findings noted no gross abnormalities, minimal to no swelling of the knee, and minimal to no atrophy of the lower extremity. The employee had some difficulty with ambulation including stairs due to continued pain and weakness. There was tenderness to palpation throughout the anterior knee, portals and the posterior knee. Range of motion of the right knee was 0-85 degrees. There was an extensor lag of 5 degrees. The employee was recommended to be seen two to three times per week for four weeks with reassessment in thirty days.

A previous request for twelve visits of physical therapy over four weeks to the right knee with CPT codes 97110, 97140, 97116, 97113, 97535, 97014, 97035, 97010 and 97124 was non-certified noting that the **Official Disability Guidelines** did not support the use of passive modalities, and it was not clear why gait training and aquatic therapy had been recommended. The denial was upheld on appeal dated 08/30/10 noting that **Official Disability Guidelines** support up to twelve visits of physical therapy for the employee's diagnosis utilizing CPT codes 97110, 97116, 97113, 97124 and 97140; however, codes 97535, 97014 and 97010 were not allowable per **Official Disability Guidelines**.

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

Based on the clinical information provided, the request for application of a modality to 1 or more areas; hot or cold packs for dates of service 8/23/2010 To 9/20/2010 and physical therapy 3 x 4 weeks with CPT codes 97110, 97140, 97116, 97113, 97535, 97014, 97035, 97010 and 97124 is not wholly recommended as

medically necessary . The patient underwent left knee meniscectomy on 07/12/10. Physical therapy initial evaluation dated 07/29/10 reports that the

patient has some difficulty with ambulation including stairs due to continued pain and weakness. There is tenderness to palpation throughout the anterior knee, portals and the posterior knee. Range of motion of the right knee is 0-85 degrees. There is an extensor lag of 5 degrees. The Official Disability Guidelines does support up to 12 visits of physical therapy for the patient's diagnosis; however, all of the modalities requested are not supported by ODG and as such the request in its entirety cannot be supported. Modalities allowed include 97110, 97140, 97116, 97113 and 97010. Not allowed are 97535, 97014, 97035 and 97124. Given that ODG allows for application of hot or cold packs, the proposed modality is approved for dates of service 8/23/2010 To 9/20/2010.

CPT Codes

Allowed 97110 *Therapeutic exercises and treatment for strength and movement recovery*

Allowed 97140 *Manual therapy techniques, each 15 minutes, requiring direct contact with physician or therapist*

Allowed 97116 *Gait training therapy*

Allowed 97113 *Electrical stimulation with direct provider contact (aquatic)*

Not Allowed 97535 *Self care mngment training*

Not Allowed 97014 *Application of electrical stimulation, without direct provider contact, each 15 minutes*

Not Allowed 97035 *Ultrasound, each 15 minutes*

Allowed 97010 *Application of hot or cold packs, each 15 minutes*

Not Allowed 97124 *Massage, each 15 minutes, without direct provider contact*

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

References: ODG Treatment Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter, Online Version

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

Active Treatment versus Passive Modalities: The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The

most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530).

Physical medicine treatment	Recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific modalities. (Philadelphia, 2001) Acute muscle strains often benefit from daily treatment over a short period, whereas chronic injuries are usually addressed less frequently over an extended period. It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). (Rand, 2007) Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) A randomised controlled trial of the effectiveness of water-based exercise concluded that group-based exercise in water over 1 year can produce significant reduction in pain and improvement in physical function in adults with lower limb arthritis, and may be a useful adjunct in the management of hip and/or knee arthritis.
Electrical stimulators (E-stim)	See more specific therapy. The following are choices: Bone-growth stimulators (BGS) ; Neuromuscular electrical stimulation (NMES) ; & Transcutaneous electrical neurostimulation (TENS) .
Neuromuscular electrical stimulation (NMES devices)	Recommended as an option only for short-term use during rehabilitation early in the postoperative period following major knee surgeries. Fourteen randomized controlled trials have evaluated the use of electrical stimulation during the course of postoperative ACL reconstruction rehabilitation. It appears that for neuromuscular electrical stimulation to be successful, it must be applied in a high-intensity setting early in the postoperative period. High-intensity stimulation typically is administered in an outpatient physical therapy setting, thus precluding home units.
Ultrasound, therapeutic	Not recommended over other, simpler heat therapies. Therapeutic ultrasound is one of several rehabilitation interventions used for the management of pain due to patellofemoral pain syndrome. One meta-analysis concludes that ultrasound therapy was not shown to have a clinically important effect on pain relief for patients with patellofemoral pain syndrome, although these conclusions are limited by the poor reporting and low methodological quality of the trial included.
Cold/heat packs	Recommended. Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis.
Massage therapy	Recommended as an option for osteoarthritis (OA). Massage therapy seems to be efficacious in the treatment of OA of the knee. Further study of cost effectiveness and duration of treatment effect is clearly warranted.