



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 3-28-11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee extensionator 30 days rental

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

American Board of Orthopaedic Surgery-Board Certified

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

- Office visits on 8-31-10, 10-25-10, 11-8-10, 11-22-10, 12-3-10, 12-17-10, 12-31-10, 1-14-11, 1-28-11, and 2-11-11.
- 9-9-10 MRI of the right knee.
- Office visits on 9-23-10, 10-20-10, 12-17-10, 1-13-11, 2-18-11, 3-13-11.
- 12-2-10, surgery performed by Dr.
- Physical therapy initial evaluation on 1-7-11.
- Physical therapy sessions were provided from 1-10-11 through 3-7-11.
- 2-24-11 Dr performed a Utilization Review.
- 3-7-11 Dr performed a Utilization Review.
- Letter.

PATIENT CLINICAL HISTORY [SUMMARY]:

Medical records reflect the claimant sought medical attention under the direction of Dr., and was treated conservatively.

9-9-10 MRI of the right knee shows grade III tear of the body and posterior horn of the medial meniscus. Grade II signal in the posterior horn of the lateral meniscus. Myxoid degeneration in the anterior horns of both menisci. Sprain of anterior cruciate and medial collateral ligaments. Mild changes of osteoarthritis. Mild synovial effusion. Mild subcutaneous edema around the knee joint.

On 9-23-10 Dr., the claimant is XX year old female presents today for initial evaluation of an acute knee injury right. Condition occurred as a result of an injury that occurred on the job. She states that she had her hands full with some things. She was going downstairs and she doesn't know if her ankle twisted or exactly what happened but she fell down the stairs. She fell down approximately two stairs. She states that her right knee was hurting. She continued to work that day, but the next day when she was still having appreciable pain in the right knee that was continuing to increase. Her manager

sent her to Hospital, and they wanted her to refrain from stairs and take rest breaks every two hours and participate in stretching exercises. Two weeks later they removed stretching and breaks and this did not work, She was later referred for an MRI when things did not improve. She states that she needed to see an orthopedic due to the abnormal results on the MRI. She states that the accident occurred on Month or Month XXXX but is unsure of the exact date of injury (Approximately Month Date Year). Prior tests/treatments for this condition include NSAIDs and narcotics. She has not tried physical therapy to help reduce the pain. She has only participated in stretching exercises on her own at the direction of the Hospital doctor did not help in the long term. Severity of condition is improving if she stretches and then rests. If she is working 8 hours without stopping, she has a lot of pain towards the end of the workday in regard to her right knee. Gross examination of the right knee reveals effusion positive +1. Focal tenderness/pain is present along the anteromedial joint line, posterolateral joint line and medial joint line. ROM is normal with full extension and full flexion. Knee joint is stable with negative Lachman's, anterior and posterior drawer. Medial and lateral collateral ligaments intact. Patella apprehension is negative. McMurray's positive on the right. A right knee injection was performed. Physical therapy was recommended.

Follow up with Dr. on 10-20-10 notes the claimant had an injection and physical therapy. The claimant reports her pain as 10/10. The evaluator recommended surgery.

On 12-2-10, surgery performed by Dr.: Arthroscopy with arthroscopic partial, medial and lateral meniscectomy with OATS, 8 mm medial femoral condyle weightbearing aspect microfracture abrasion arthroplasty, remaining medial femoral condyle and complete synovectomy.

12-17-10, DO., the claimant is now two weeks from right knee arthroscopy with OATS procedure. She has been nonweightbearing and she presents today on crutches, NWB, without a shoe on the right lower extremity. She states that the pain is much better today. She believed at first that she was going to be going back to work in two weeks' time but she knows now that she won't be able to place weight on the knee for about six weeks' time and she states that she just plans on remaining NWB throughout the holidays. We discussed that there may be a fair amount of inclement weather through the area in the next few weeks. She is not completely sure of herself on the crutches yet, but she is improving daily. Physical therapy orders were given.

Physical therapy initial evaluation on 1-7-11.

Physical therapy sessions were provided from 1-10-11 through 3-7-11.

Follow up with Dr. on 2-18-11 notes the claimant has no new complaints. She is having constant pain and swelling. She states she is not able to extend her knee. The evaluator recommended Lyrica, Penssaid. If not better, then referral to Dr. for interventional pain management.

2-24-11MD performed a Utilization Review. He spoke with Dr. and discussed this case. It was his opinion that ODG would only support a knee flexionator or extensionator after knee arthroplasty and physical therapy. The claimant did not undergo arthroplasty and this device is not supported.

Follow up with Dr. on 3-3-11 notes the claimant is to continue with physical therapy, and a home exercise program. The evaluator reported he was working to get her a flexionator/extensionator for home use.

3-7-11, MD., performed a Utilization Review. It was his opinion that there are no controlled published peer review studies on the effectiveness of the knee/ankle flexionator. Furthermore, there is lack of published data to support the claim that these devices can reduce the need for manipulation under anesthesia.

Dr provided a letter. The evaluator reported the claimant was injured in XX/XXXX due to a fall. She had an arthroscopy on 12-2-10. Currently her range of motion ranges from -12 to 100 degrees, where her goals are 0 to 135 degrees. The claimant also has continued complaints of pain, difficulty with ADL's and continues to use crutches. Dr. ordered the ERMI devices in an attempt to prevent further motion difficulties. The evaluator listed several articles supporting the use of a knee flexionator. The evaluator reported the claimant's current range of motion gait and limitations result in a whole person impairment rating of 43%. It is certainly feasible for the claimant to have full restoration of function. Her motion and associated gait impairments are treatable and Dr. ordered the ERMI devices to provide her with the greatest opportunity for successful clinician and functional outcomes.

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

MEDICAL RECORDS REFLECTS A CLAIMANT STATUS POST RIGHT KNEE ARTHROSCOPY WITH CONTINUED COMPLAINTS OF PAIN AND DECREASED RANGE OF MOTION. THE CLAIMANT HAS BEEN PROVIDED WITH POSTOP PHYSICAL THERAPY. THERE IS A REQUEST FOR A FLEXIONATOR/EXTENSIONATOR TO INCREASE THE CLAIMANT'S RANGE OF MOTION. BASED ON THE RECORDS PROVIDED, THERE IS AN ABSENCE IN OBJECTIVE DOCUMENTATION AS TO WHY THE CLAIMANT ONLY HAS -12 TO 100 DEGREES OF MOTION. CURRENT EVIDENCE BASED MEDICINE DOES NOT SUPPORT A FLEXIONATOR/EXTENSIONATOR AS AN ISOLATED DME AND IN ABSENCE OF A TOTAL KNEE ARTHROPLASTY. THE CLAIMANT DID NOT UNDERGO A TOTAL KNEE REPLACEMENT. THEREFORE, THE REQUEST FOR A RIGHT KNEE EXTENSIONATOR - 30 DAYS RENTAL IS NOT REASONABLE OR MEDICALLY INDICATED.

ODG-TWC, last update 3-21-11 Occupational Disorders of the Knee – Flexionators/extensionators: Recommended as an option in conjunction with continued physical therapy if PT alone has been unsuccessful in adequately correcting

range of motion limitations 10 weeks after knee arthroplasty. See also [Physical medicine treatment](#), where the ODG PT guidelines are 24 visits over 10 weeks for post-surgical PT treatment after knee arthroplasty. High-intensity stretch mechanical flexionator/ extensionator therapy may be effective for those patients whose motion has reached a deficit plateau when treated with this normal course of physical therapy alone. ([Dempsey, 2010](#)) The knee flexionator is designed to address the needs of patients with arthrofibrosis (excessive scar tissue within and around a joint) by using a variable load/variable position device that uses a hydraulic pump and quick-release mechanism to allow patients to perform dynamic stretching exercises in the home without assistance, alternately stretching and relaxing the scar tissue surrounding affected joints. The knee extensionator provides serial stretching, using a patient-controlled pneumatic device that can deliver variable loads to the affected joint. There are no controlled published peer-reviewed studies on the effectiveness of the knee/ankle flexionator, the shoulder flexionator, the knee extensionator, or the elbow extensionator. There is insufficient scientific evidence to support the manufacturer's claims that these home-based stretching devices can consistently stretch scar tissues without causing vascular re-injury and thus significantly reduce the need for additional surgery (e.g., surgery for arthrofibrosis after knee surgery). Furthermore, there is a lack of published data to support the claim that these devices can reduce the need for manipulation under anesthesia. ([Aetna, 2010](#)) ([Branch, 2003](#)) A retrospective study using claims data sponsored by the manufacturer, ERMI, concluded that patients with knee arthrofibrosis treated with high intensity stretch (the ERMI device) had reduced subsequent medical costs, compared to low intensity stretch or physical therapy alone. Among the study limitations are that (1) medical claims with codes relating to knee device use were not included as part of costs; (2) the ERMI cohort was only 0.2% of the total cohort; (3) patients treated with the low intensity device had significantly more musculoskeletal disease upfront than ERMI patients; (4) while the PT-only group had slightly greater costs relative to the ERMI group, the increase was "not statistically significant"; (5) the single factor with the greatest effect on post-index costs was the presence of total knee arthroplasty as the index event, and the three groups differed greatly in the incidence of arthroplasty, with 46.3% of the low intensity group, 19.0% of the no device group, and only 11.9% of the ERMI group having this procedure as their index event. ([Stephenson, 2010](#)) Using an instrumented test leg (not real patients, hence the lower rating), this study reported that ERMI high-intensity devices provided loads that more closely replicate the force applied by a physical therapist, whereas low-intensity devices including dynamic splints and SPS devices provide loads similar to those provided by common home exercises. The affect on patient outcomes is unclear, as well as real patient tolerance to the increased force, and patient compliance with the self-directed therapy. ([Uhl, 2010](#)) In this non-controlled study, high-intensity stretch (HIS) mechanical therapy using the ERMI Knee Extensionator was prescribed only for those patients whose motion had reached a plateau when treated with physical therapy alone after knee arthroplasty, and passive knee extension deficits improved from 10.5° at the initial visit to 2.6° at the 3 month visit. The study included some workers' comp patients.

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)