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**Notice of Independent Medical Review Decision**  
**Reviewer's Report**

**DATE OF REVIEW:** April 12, 2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Cont Physical Therapy Right Knee 2x/week for 4 weeks (97110) combination up to 4 units per session; Manual Therapy Right Knee (97140); Gait Training Therapy Right Knee (97116); Therapeutic Activities Right Knee (97530); Hot or Cold Pack Therapy Right Knee (97010); and Electrical Stimulation Right Knee (97032).

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

M.D., Board Certified in Physical Medicine and Rehabilitation.

**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)

The requested services (Cont Physical Therapy Right Knee 2x/week for 4 weeks (97110) combination up to 4 units per session; Manual Therapy Right Knee (97140); Gait Training Therapy Right Knee (97116); Therapeutic Activities Right Knee (97530); Hot or Cold Pack Therapy Right Knee (97010); and Electrical Stimulation Right Knee (97032)) are medically necessary for treatment of the patient's medical condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization 3/22/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 3/24/11.
3. Notice of Assignment of Independent Review Organization dated 3/24/11.
4. Medical records from MD dated 10/28/10, 11/1/10 and 11/3/10.
5. Medical records from MD dated 11/8/10, 11/30/10, 12/7/10, 12/14/10, 1/4/10, 1/18/11 and 2/16/11.
6. Medical records from Bone & Joint Institute, PA dated 1/14/11 and 3/1/11.
7. Medical record from Therapy Solutions dated 2/25/11.

8. Independent Review Organization Summary from Management, Inc. dated 3/25/11.
9. Bona Fide Job Offer for Temporary Alternative Duty dated 3/22/11.
10. Denial documentation.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

A review of the record indicates the patient is a female who sustained a work related injury to her right knee on xx/xx/xx. There was reportedly water on the floor that the patient slipped on and caught herself with her right leg and twisted her knee. The patient complained of pain in the right knee when bending and driving. A right knee x-ray dated 11/1/10 revealed a small spur on the superior aspect of the patella, but an otherwise negative exam. An MRI of the patient's right knee performed on 11/3/10 demonstrated an 8mm area of contusion and possible microfracture involving the lateral tibial plateau and a small joint effusion. The patient was instructed to remain on light duty at work and follow up with her provider. On 1/4/11, the patient presented with complaints that she felt something shift in her knee while at work and then reported feeling a sharp pain. The patient reported that she was not able to bend or put pressure on her knee. The patient underwent a consultation with an orthopedic provider and physical therapy was recommended to address the patient's knee pain. The patient was additionally prescribed Vicodin for her pain on 1/18/11. She also has a prescription for Mobic which she reports does not control her pain and Flexeril which makes her sleepy. The patient received a steroid injection on 3/1/11, consisting of 7ml of 1% Lidocaine and 80mg of Depo-Medrol. Continued physical therapy was recommended. Authorization has been requested for the following services: Cont Physical Therapy Right Knee 2x/week for 4 weeks (97110) combination up to 4 units per session; Manual Therapy Right Knee (97140); Gait Training Therapy Right Knee (97116); Therapeutic Activities Right Knee (97530); Hot or Cold Pack Therapy Right knee (97010); and Electrical Stimulation Right Knee (97032).

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

The MRI of the injured knee identified bone bruising, suspicion of microfractures, chondromallacia patella and the presence of effusion. The patient has multiple issues involving her right knee and the Official Disability Guidelines (ODG) do not specifically address all of these findings. However, according to the ODG, 1-2 visits of physical therapy is recommended after injection therapy. This demonstrates that physical therapy is appropriate after a knee joint injection. The ODG also addresses the need for physical therapy for a joint effusion (9 visits over 8 weeks) and for chondromallacia patella (9 visits over 9 weeks). Further, in cases involving bone fracture (specifically, fracture of the femur) the ODG recommends 30 visits of physical therapy over 12 weeks. All told, given the patient's history of injection therapy as well as suspicion of microfractures, chondromallacia patella and the presence of an effusion, she is an appropriate candidate for continued physical therapy at this time. Therefore, the requested services are medically reasonable and necessary for treatment of the patient's condition.

**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)