Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: 1/18/11

IRO Case #:

Description of the services in dispute:

Services in dispute are physical therapy (left knee), 12 sessions.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons, the Arthroscopy Association of North America and the American Shoulder and Elbow Association. This reviewer has been in active practice since 2000.

Review Outcome

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

Partially overturned. The additional 12 PT visits with manual therapy, electrical-stimulation, therapeutic exercise, aquatic therapy, and gait training are medically necessary due to the significant past history of multiple prior knee surgeries, anterior cruciate ligament (ACL) insufficiency, pre-operative stiffness and post-operative complication of arthrofibrosis, weakness and pain. However, the use of ultrasound and hot/cold packs are not medically necessary at 3 months post-operative without significant deficits noted by the doctor or the PT.

Information provided to the IRO for review

Patient clinical history [summary]

Dates of Service 6/24/08

This is the final level appeal of services being denied as not medically necessary. Services denied are physical therapy to the left knee, 12 sessions.

The patient is female who had an injury in xxxx with resulting ACL reconstruction and meniscal debridement in 11/08. There was a repeat arthroscopy in 9/10 to debride a medial plica. She underwent PT post-operatively and required an injection due to stiffness on 12/8/10. Additional PT was requested including ultrasound, electrical stimulation, hot/cold packs, manual therapy, therapeutic exercise, aquatic therapy, and gait training after these initial 12 sessions. This request was denied due to the passive modalities requested not being allowable per ODG. These additional 12 sessions were again denied on appeal. There was an attempt on peer review to modify the request but this was not accomplished.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The patient had pre-operative problem with stiffness and had therapy prior to her last surgery to maximize her motion. Post-operatively she has had trouble regaining her motion. She had an injection on 12/8/10 and additional PT was ordered to maximize her motion and function. However, there was no numerical values or physical exam by the doctor on this date to document objective findings of the deficit in the knee to be able to quantify the current deficit and function. This would be important to document any objective signs of improvement with prior PT and to be able to track the progress with the additional therapy that was outside the ODG.

PT notes document a complete exam that stated that there was 5-110 of flexion on 11/2/10 and 0-140 of flexion on 12/2/10. Therefore, per the PT notes there were no deficit in motion and no signs of stiffness. She had trouble with stairs and ambulation due to weakness and pain, but had no atrophy and no significant swelling.

Therefore, the additional 12 PT visits with manual therapy, electrical-stimulation, therapeutic exercise, aquatic therapy, and gait training are medically necessary due to the significant past history of multiple prior knee surgeries, anterior cruciate ligament (ACL) insufficiency, pre-operative stiffness and post-operative complication of arthrofibrosis, weakness and pain. However, the use of ultrasound and hot/cold packs are not medically necessary at 3 months post-operative without significant deficits noted by the doctor or the PT.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG 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

Abnormality of gait (ICD9 781.2):
16-52 visits over 8-16 weeks (Depends on source of problem)