

SENT VIA EMAIL OR FAX ON
Dec/23/2010

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient post operative physical therapy to the right knee 3 times a week for 4 weeks to consist of aquatic therapy, neuromuscular re-education, therapeutic exercises, therapeutic activities, manual therapy, electrical stimulation, group therapy and gait training, no more than 4 units per session.

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

Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines; ER Records: 05/02/10; MRI of right knee: 05/10/10; Dr. Office notes: 05/13/10, 05/28/10, 06/11/10, 06/25/10, 08/04/10, 09/01/10, 09/15/10, 09/29/10, 10/13/10, 10/27/10, 11/10/10, 11/24/10, 12/08/10; Physical Therapy Notes: 05/17/10, 06/07/10-06/23/10, 09/01/10, 09/10/10-09/30/10, 10/04/10-10/20/10, 10/25/10-11/08/10
Operative Record: 07/20/10; Peer Review: 11/12/10, 12/06/10
Dr. Office notes: 05/04/10, 07/16/10, 09/16/10, 11/16/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work related injury to her right knee on xx/xx/xx as a result of a twisting injury. The claimant had an MRI of her right knee that showed bone bruising involving the base of the tibial spines and extending posteriorly, especially where the posterior cruciate ligament attaches to the tibia, no ligament tears, a degenerative signal in the posterior horn medial meniscus and changes of degenerative arthritis especially involving medial compartment and the patellofemoral joint. Conservative treatment did not help the claimant and she underwent an arthroscopy with excision of tears of medial meniscus and debridement and chondroplasty of the patella and medial femoral condyle. At the time of

surgery she was found to have severe chondromalacia of the patella and medial femoral condyle. Postoperatively the claimant attended 24 physical therapy sessions. While she did well with aquatics, the claimant reported increased pain and swelling after progressing with land-based exercises. The request for additional physical therapy was noncertified in two peer reviews as not being medically necessary and it was not anticipated that further formal physical therapy would add to the claimant's recovery. When the claimant last saw Dr. on 12/08/10, she reported that she did not get a great deal of benefit from a cortisone injection she had received on 11/10/10. On examination the claimant had full extension and her flexion was to 120 degrees. The claimant limped when she walked and complained of pain with movement and weightbearing. The claimant requested an appeal of her physical therapy.

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

The post operative physical therapy to the right knee three times a week for four weeks would not be considered medically necessary and appropriate based on the records provided in this case.

The claimant is status post arthroscopic knee surgery performed in July, to address a medial meniscus tear and arthritic changes. She completed 24 physical therapy sessions post operatively. She has regained motion, however continues to have pain likely related to arthritis. If one looks to the ODG Guidelines for physical therapy status post meniscal surgery, twelve visits over twelve weeks as recommended. The claimant has exceeded this clearly he continues to have pain secondary to arthritis. Additional therapy certainly will not help this.

Therefore, per the ODG Guidelines post operative physical therapy to the right knee three times a week for four weeks would not be considered medically necessary and appropriate in this case.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Knee and Leg: Physical Therapy

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

Generally there should be no more than 4 modalities/procedural units in total per visit, allowing the PT visit to focus on those treatments where there is evidence of functional improvement, and limiting the total length of each PT visit to 45-60 minutes unless additional circumstances exist requiring extended length of treatment. 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).

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](#).

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):
Post-surgical: 12 visits over 12 weeks

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

ACOEM-AMERICA 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)