

SENT VIA EMAIL OR FAX ON
Jul/11/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient physical therapy (PT) twelve (12) sessions to the left knee, right ankle, right hand consisting of ultrasound, electrical stimulation, massage, instructions in a home exercise program, therapeutic exercises, and therapeutic activities not to exceed four (4) units per session

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

MD board certified in family practice

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)

12 sessions are not medically necessary.?
however,?

6 session are medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Request for IRO
2. Employee notice of employee's work related injury dated xx/xx/xx
3. Clinical records Dr. dated 11/29/10 through 05/26/11
4. Radiographic report left knee, right ankle right hand dated 11/29/10
5. Clinical records Dr. dated 03/28/11 and 04/26/11
6. MRI left knee dated 04/14/11
7. Letter of appeal Dr. dated 05/31/11
8. Utilization review determination dated 05/16/11

9. Utilization review determination dated 06/07/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who was reported to have sustained injuries to her left knee on xx/xx/xx. On this date she was conducting a home visit and as she was leaving she stepped on an uneven stair causing her to fall forward on to her left knee.

On 11/29/10 the injured employee was seen by Dr.. It is reported that the injured employee fell on a step then falling forward landing on her left knee and both hands. She complains of pain to the left knee back of the right foot above the heel and has soreness in the right hand. These are hand written clinical notes and difficult to interpret. She subsequently was apparently diagnosed with contusions and sprains. She was referred for physical therapy three times a week for four weeks.

The records contain a radiographic report dated 11/29/10. Two views of the left knee were obtained. There was medial joint space narrowing identified with no evidence of acute fracture or dislocation. Three views of the right ankle were obtained. Soft tissue swelling is identified with no evidence of an acute displaced fracture or dislocation. Radiographs of the right hand were performed which indicate radial carpal joint space narrowing and interphalangeal joint space narrowing with no evidence of acute displaced fracture or dislocation.

The claimant was seen in follow-up on 12/15/10. She reported no improvement in left knee, right ankle, and right hand. She reported occasionally the left knee gives out on her. She continues to have full range of motion of the left knee and swelling over the right lateral malleolus and swelling over the right wrist

The claimant was seen in follow-up on 01/19/11. She reported that she still has pain in right ankle, left knee and right hand. She reported since therapy was stopped her pain has increased with walking and riding.

The claimant was seen in follow-up on 02/21/11. She reported mild pain in her right thumb. She reported more pain after therapy.

The claimant was seen in follow-up on 03/21/11. She reported physical therapy has helped. She is walking better. She has pain in right hand when she writes or tries to open jar. She continues with pain to right ankle and left knee with a lot of walking. She is currently working regular duty. She is to be referred for second opinion.

On 03/28/11 the claimant was seen by Dr.. She is reported to have sustained injuries to her right ankle, left knee and right hand. She is reported to have physical therapy and was feeling better. She now has recurrent problems. She reported her knee buckles and has been hurting. When she walks she feels her knee gives out. She has pain over lateral joint line on the right side. The right ankle continues to swell up. She has pain on the right hand which also swells up. On physical examination she has full range of motion of the ankle and ankle joint is stable. There is pain over the anterolateral aspect of ankle. The left knee has small indentation of skin in prepatellar area secondary to fall. She has full range of motion. The knee joint is stable. She is tender over the lateral joint line. She has some swelling over the right thenar eminence. She is acutely tender over the carpometacarpal joint of first metacarpal. Radiographs show evidence of carpometacarpal arthropathy. Radiographs of knee and ankle were unremarkable. She is diagnosed with possible internal derangement of left knee and ankle sprain and carpometacarpal joint arthritis. She was provided conservative treatment instructions and referred for MRI of knee to rule out meniscal tear.

MRI of left knee was performed on 04/14/11. This study notes the ligamentous structures are intact. There is no evidence of joint effusion, no intraarticular loose bodies. There is grade IV chondromalacia of lateral patella facet and grade III-IV chondromalacia of medial patellar facet. The lateral compartment appears preserved. There is moderate chondromalacia of

medial femoral condyle. There is an 8 cm Baker's cyst in the popliteal fossa. There is no evidence of meniscal tear.

On 04/26/11 the claimant was seen in follow-up by Dr. She continues to complain of pain and swelling in right ankle. The ankle has mild swelling. Superficial lines are visualized. The ankle has full range of motion and is stable. MRI was reviewed and showed chondromalacia of patella and mild to moderate chondromalacia of femoral condyle. There is no internal derangement. She is likely to benefit with physical therapy maneuvers and medications such as Chondroitin sulfate. She was further recommended to consider intraarticular injections.

The claimant was seen in follow-up on 05/26/11. There were no significant changes.

On 05/16/11 the request for additional physical therapy was reviewed by Dr. . Dr. non-certified the request noting there is no evidence presented to justify exceeding current evidence based guidelines. She has had a number of visits which were expected to be helpful. Therefore the medical necessity was not established. Subsequent letter of appeal was submitted on 05/31/11. Dr. notes that the injured employee has already exceeded the maximum level treatments per Official Disability Guidelines. He requests reconsideration of the service and was willing to modify his request from 12 sessions to six. He notes that the injured employee continues to have significant reports of pain but is working full regular duty without restriction.

The appeal request was reviewed on 06/07/11 by Dr. who notes that the injured employee injured her knees on xx/xx/xx in a fall. She has completed 12 approved sessions of physical therapy. She continues to report knee pain on a daily basis but there are no significant or there are no knee evaluations provided. He reports that an appeal letter does not give any examination data. Subsequently he upholds the previous denial.

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

The request for outpatient physical therapy 12 sessions to the left knee right ankle right hand consisting of ultrasound electrical stimulation massage instructions in home exercise program therapeutic exercises and therapeutic activities not to exceed four units per session is not recommended as medically necessary. However based on the submitted clinical records the requesting provider was willing to amend his request for six sessions. Based upon the available data this would be appropriate to transition the injured employee to a daily self directed home exercise program.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES