

Prime 400 LLC

An Independent Review Organization
8760 A Research Blvd., #241
Austin, TX 78758
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy (PT) x 8 sessions

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

M.D., 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

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, Knee Chapter – PT

Referral note, 04/06/11, 06/15/11

Outpatient Clinical Services, MRI of knee order, 04/06/11, 06/16/11

Preauthorization request form, 04/07/11

Physical Therapy Reassessment/Discharge Summary, 05/27/11

Review, 06/07/11, 06/22/11

Prescription for PT, 06/14/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who tripped over an electrical cord and fell forward onto her hands and knees on xx/xx/xx and sustaining injuries to her upper back, left arm, wrist and bilateral knees. She was diagnosed with bilateral knee contusions and a thoracic back sprain. The claimant presented to MSN, RN, FNP-BC for Dr. on 04/06/11 for complaints of increased swelling and bruising, especially of the right knee. She had an antalgic gait. Examination of the right knee showed moderate edema, extensive discoloration and bruising of the anterior and medial knee. There was tenderness to palpation of the entire medial area including the joint line. Range of motion was limited by pain. She was fairly tolerant of McMurray. There was tenderness over any bruised area. Anterior and posterior drawers were absent, strength was normal and there was no crepitus. Examination of the left knee showed moderate edema, discoloration and bruising of the anterior/lateral knee. There was no effusion. She had tenderness to palpation of the anterior/lateral below the patella and lateral joint line. Range of motion was limited by pain and she was intolerant of McMurray and her pain was worse in the posterior/lateral joint line deep. Anterior and posterior drawer were absent and strength was normal. There was no crepitus to the patellar ligament, but there was coarser grating cogwheel like ratchet or click. X-rays which appear to have been of the right knee

showed degenerative changes without fractures. Bilateral knee contusions, thoracic back sprain and a fall were diagnosed. Voltaren gel, Tramadol, ice, rest, warm moist heat, x-rays from the hospital for the right knee, an MRI of the left knee and partial disability were recommended. A therapy assessment on 05/27/11 noted her attendance in 9 sessions with therapeutic aquatic exercises. The left knee symptoms had resolved and the right knee symptoms were 80 percent better. She had no right knee pain at rest and 3-4 pain with walking which was decreased from 7-8. Active motion of the right knee was: flexion 122 degrees (was 82); extension minus 5 degrees (was minus 8). Active motion of the left knee was: flexion 133 degrees (was 88); extension minus 1 degree (was minus 3). Strength on the right was: hip flexion 4/5 (was 4-/5); abduction 4+/5 (was 4-/5); extension 4-/5 (was 3/5); quadriceps 4/5 (was 3+/5); and hamstring 4+/5 (was 4-/5). Left knee strength was: hip flexion 5/5 (was 4-/5); abduction 5/5 (was 4/5); extension 4/5 (was 3/5); quadriceps 5/5 (was 3+/5); and hamstring 5/5 (was 4-/5). There was ongoing tenderness to palpation of the right pes anserine bursa. The therapist stated she had worked hard and met her goals for the left knee and was making gains toward goals for the right knee. Continuation of therapy for the right knee was advised twice a week for four weeks.

The request for additional therapy was denied on a 06/07/11 review. 6 visits of therapy were recommended on 06/14/11. Miss saw the claimant again on 06/15/11 and reported constant moderate right knee pain and swelling. Her left knee had done pretty good with injection and therapy. Examination of the right knee showed moderate edema and tenderness to palpation of the entire medial area including the joint line. Range of motion was limited by pain and she was intolerant of McMurray. There was no laxity, but the testing was limited due to discomfort. Strength was normal and there was crepitus and a click with extension. Examination of the left knee showed moderate edema, mild tenderness to palpation of the anterior/lateral below the patella and minimal pain of the lateral joint line. Range of motion was limited by pain and she was tolerant of McMurray. Strength was normal and there was no crepitus. Tramadol, ice, rest, warm, moist heat and an MRI of the right knee were recommended. It was noted that she had been approved for 4 more sessions of therapy. 6 additional sessions were recommended. The request was denied on a 06/22/11 review during which time Dr. spoke with Miss who stated she was not requesting additional supervised therapy but an MRI of the right knee.

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

This is a woman who fell on xx/xx/xx injuring both knees. She has had approximately nine visits of physical therapy for both knees. Her left knee has done well and she continues to have ongoing complaints in the right knee. The most recent notes to review are from a 06/22/11 review by Dr. which indicates that Dr. the claimant's treating physician, has not requested further physical therapy but appears to be requesting an MRI of the right knee instead, due to ongoing complaints. The Official Disability Guidelines document the use of physical therapy of up to twelve visits over eight weeks following a knee contusion or sprain. In this case the claimant has had more than nine visits and is able to work on home exercises. It is not clear what another couple of physical therapy visits are going to do in terms of changing her condition since her left knee has obviously done well and it is her right knee that appears to be continually symptomatic. This reviewer would agree that Physical Therapy (PT) x 8 sessions is not medically necessary based on review of this medical record. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, Knee Chapter – PT

Active Treatment versus Passive Modalities: See the Low Back Chapter for more information. 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)

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

Preface - While the recommendations for number of visits are guidelines and are not meant to be absolute caps for every case, they are also not meant to be a minimum requirement on each case (i.e., they are not an "entitlement"). Any provider doing this is not using the guidelines correctly, and provider profiling would flag these providers as outliers. This applies to all types of treatment, and not just physical therapy. Furthermore, flexibility is especially important in the time frame recommendations. Generally, the number of weeks recommended should fall within a relatively cohesive time period, between date of first and last visit, but this time period should not restrict additional recommended treatments that come later, for example due to scheduling issues or necessary follow-up compliance with a home-based program. When there are co-morbidities, the same principles should apply as in the ODG guidelines for return-to-work

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2)

Medical treatment: 12 visits over 8 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)