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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 11/2/11

**IRO CASE #:**

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

The item in dispute is the concurrent medical necessity of 8 visits of physical therapy.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

**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 reviewer agrees with the previous adverse determination regarding the concurrent medical necessity of 8 visits of physical therapy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

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**PATIENT CLINICAL HISTORY [SUMMARY]:**

Available medical records indicate that this worker was injured on xx/xx/xxx when she stood from a chair, felt severe right knee pain, felt three pops in the knee and dropped to the floor. She was seen at the Xxxx where a diagnosis of patellar subluxation was made. Initially, range of motion of the right knee was limited from -10° of extension to 90° of flexion. There was evidence of knee effusion. The worker was given a knee brace and told to use crutches and prescribed Cataflam t.i.d. and Norco p.r.n. for pain.

The injured worker continued to be followed at the Xxxx. An MRI of the knee was performed on June 25, 2011. This showed a displaced flap tear of the posterior horn of the lateral meniscus and minimal joint effusion. Records indicated that on July 8, the injured worker was taken to surgery for a lateral meniscectomy. The surgical report is not available in the medical record.

The injured worker was seen by at Xxxx on August 10, 2011. Dr. indicated that the injured worker had had surgery four weeks previously, but the surgeon had not prescribed physical therapy and had returned the worker to full duty. The worker was continuing to have knee pain. Dr. recommended Medrol and physical therapy.

The injured worker began physical therapy on August 12, 2011. Knee range of motion was recorded at -8° of extension to 122° of flexion. Weakness of knee extension was described at 3+/5. Hip and other knee strength recorded was 4-/5.

The worker continued to receive physical therapy and received her twelfth physical therapy visit on September 30. At that time, she was having complaints of seven out of ten pain with standing for one to two hours. Knee range of motion was recorded as -2° of extension to 144° of flexion. Strength throughout the hip and knee was recorded at 4+/5. The physical therapist stated that the injured worker had noted increased range of motion, strength, and function, but still lacked terminal knee extension and had pain with prolonged standing at work.

A request for eight additional physical therapy sessions was made. Utilization Review notes from D.O. and M.D. recommended denial of the requested service.

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

This worker injured her right knee when she stood from a chair on Xx-xx-xx. She felt knee pain, popping, and the knee gave way causing her to fall to the floor. MRI studies demonstrated a tear of the posterior horn of the lateral meniscus and on July 8, 2011, she was taken to surgery for a lateral meniscectomy. She had twelve physical therapy visits between August 12, 2011 and September 30, 2011. At the last physical therapy visit, it was documented that the injured worker had seven out of ten pain with standing for more than one to two hours. Her range of motion had increased to -2° of extension to 144° of flexion. Range of motion of the unaffected side was 0° to 145°. Four plus over five strength was described throughout the right lower extremity. This was equal to the strength in the uninvolved extremity. The last note from the individual's examining physician, M.D. dated October 11, documented that the injured worker had completed twelve physical therapy visits, had performed a home exercise program, but had not returned to her usual workout routine. The injured worker was continuing to complain of stiffness and inability to straighten the knee and pain when she was on her feet for more than four hours. The physician recommended a daily exercise program with return to the gym to resume weight lifting, avoiding squats.

The surgical site was said to be well healed. There was tenderness medially near the surgical site. The ligaments of the knee were said to be intact. It was noted that the injured worker walked with a mild limp. It is unclear from the medial record whether or not the injured worker is continuing to take any medications for management of her pain and knee impairment.

The record indicates that the injured worker has had the twelve physical therapy visits recommended by the ODG Treatment Guidelines. She has made significant improvement over the eight week period that she received those twelve physical therapy sessions. She has been instructed to continue a home exercise program and to return to the gym with light weight lifting. The injured worker shows only 2° of terminal extension lag and 144° of flexion compared to 0° of extension lag and 145° of flexion in the unaffected leg. Strength in the lower extremities is symmetrical. There is no objective evidence to support the need for continued supervised physical therapy when the injured worker has been instructed in a home exercise routine and has shown significant improvement in range of motion and strength, reaching the point where she is almost back to measurements recorded on the uninvolved limb. There is no indication in the medical record that the injured worker is continuing to be treated in any other fashion such as with medications or modalities. This medical record does not establish the medical necessity for an additional eight visits of physical therapy since the individual has completed recommended treatments by the ODG Treatment Guidelines and is, after eight weeks of physical therapy, almost back to normal measurements as recorded in her unaffected limb. Therefore, the requested service is found to be not medically necessary at this time.

**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)