

MATUTECH, INC.

PO BOX 310069
NEW BRAUNFELS, TX 78131
PHONE: 800-929-9078
FAX: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: September 30, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 2 x wk x 6 x Wks, left knee (97010, 97014, 97035, 97140, 97112, 97110)

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

Fellow American Academy of Orthopaedic Surgeons

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI:

- IRO request
- Utilization reviews (07/27/11 – 08/12/11)
- Procedure (03/14/11)
- Therapy (03/30/11 – 05/06/11)
- Office visits (05/17/11 – 07/14/11)
- Utilization reviews (07/27/11 – 08/12/11)
-

Dr.:

- Office visits (02/10/11 – 07/14/11)
- Procedure (03/14/11)
- Therapy (03/30/11 – 05/06/11)
- Diagnostic (07/12/11)

[ODG has been utilized for the denials.](#)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who was injured on xx/xx/xx, when he tripped while walking at work, twisted the left knee and heard a pop.

On February 10, 2011, M.D., evaluated the patient and noted complaints of left knee pain, mechanical symptoms and swelling not responsive to conservative treatment. Examination revealed medial pain with forced flexion and extension and with McMurray's maneuver. Magnetic resonance imaging (MRI) of the left knee revealed some changes in the posterior horn of the medial meniscus consistent with tear.

On March 14, 2011, Dr. performed left knee arthroscopy with partial medial meniscectomy and medial femoral condyle chondroplasty.

From March 30, 2011 through May 6, 2011, the patient underwent nine sessions of postoperative physical therapy (PT) consisting of therapeutic exercises, neuromuscular re-education, vasopneumatic compression, manual therapy and therapeutic ultrasound. He missed two sessions.

On May 17, 2011, Dr. noted a little bit of infrapatellar pain, especially with squatting. The left knee had full range of motion (ROM). Dr. prescribed Celebrex and advised the patient to return in four weeks for a Synvisc injection.

On June 7, 2011, Dr. noted increasing pain and mechanical symptoms after returning back to full duty. Examination revealed some medial joint line tenderness and some pain with valgus stress. A new MRI was performed which revealed increased signal in the medial meniscus reflecting postoperative changes, increased signal in the posterior horn of the lateral meniscus contacting the articular surface concerning for a horizontal tear, severe cartilage loss along the medial tibial plateau, moderate-to-severe cartilage loss along the patella, mild-to-moderate cartilage thinning along the medial and lateral femoral condyle, small joint effusion and myxoid changes in the anterior cruciate ligament (ACL).

On July 14, 2011, Dr. reviewed the MRI findings and diagnosed left knee degenerative joint disease (DJD). He recommended some therapy and a medial unloader brace. The patient was advised to follow-up in two weeks.

On July 21, 2011, PT evaluation revealed complaints of popping and grinding under the patella laterally. There was 4/5 strength in the left knee and patellofemoral symptoms. Limitations included strength deficit in left lower extremity, increased pain scale and decreased ability to perform work. Long term goals included decreasing pain, increasing strength and weightbearing of the left lower extremity. The evaluator recommended therapy two times a week for six weeks with modalities including hot/cold packs, electrical stimulation, ultrasound, manual therapy, neuromuscular re-education and therapeutic procedures.

On July 27, 2011, , D.O., denied the request for physical therapy 2 x wk x 6 x Wks, left knee (97010, 97014, 97035, 97140, 97112, 97110) based on the following rationale: *"The documentation submitted for review elaborates the patient having previously undergone a left knee meniscectomy. Evident-based guidelines recommend 12 physical therapy sessions as part of the post-operative care for an injury of this nature. The documentation details the patient having*

completed a full course of 12 physical therapy sessions to date. This request exceeds guideline recommendations as no exceptional factors were noted in this documentation. Given the patient completing a full course of physical therapy, it would be reasonable to expect the patient would be able to complete a home exercise program on a regular basis. Additionally, the request for 6 modalities exceeds guideline recommendations as no more than 4 modalities are to be completed in any one physical therapy session. Given the excessive nature, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support this request at this time."

On August 12, 2011, M.D., denied the appeal for physical therapy 2 x wk x 6 x Wks, left knee (97010, 97014, 97035, 97140, 97112, 97110) based on the following rationale: *"Records indicate that there was an adverse determination of a previous review, In acknowledgment of the previous non-certification due to lack of documentation of exceptional factors, there is now documentation as per Physical Therapy note dated 7/21/11, the patient complains of pain and grinding under the patella. The patient is reported to have previously undergone 12 postoperative Physical Therapy visits, however, there is no documentation from the treating physician of objective functional improvement with previous treatment, functional deficits, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Furthermore, the requested number of visits exceeds the recommendations of PT guidelines. Therefore, the medical necessity of the request has not been substantiated."*

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

THE PATIENT'S INITIAL INJURY AND SUBSEQUENT SURGERY WAS AN ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY AND A CHONDROPLASTY OF THE MEDIAL FEMORAL CONDYLE. POSTOPERATIVELY THE PATIENT REPORTEDLY HAD TWELVE VISITS OF PHYSICAL THERAPY WHICH ARE ALLOWED BY ODG GUIDELINES. POSTOPERATIVELY THE PATIENT HAS HAD CONTINUED PAIN BUT HAS HAD A NORMAL RANGE OF MOTION. THE PHYSICIAN HAS FAILED TO DOCUMENT WHY HIS PATIENT NEEDS FORMAL PHYSICAL THERAPY INSTEAD OF A HOME PROGRAM. THEREFORE THE MEDICAL NECESSITY OF THE REQUEST HAS NOT BEEN SUBSTANTIATED.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES