



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

Notice of Independent Review Decision-WC

**CLAIMS EVAL REVIEWER REPORT - WC**

**DATE OF REVIEW: 9-30-11**

**IRO CASE #:**

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

Continued physical therapy 3 x week x 4 weeks; 97035, 97033, 97110, 97530, 97116, 97113

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

American Board of Orthopaedic Surgery-Board Certified

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Xx/xx/xx MD., the claimant is a male with pain in the right knee. He was demonstrating some skills playing basketball when he did a two foot jump, stopped, and he felt his knee give out. He is here for evaluation. On physical examination he has a mild to moderate effusion. He has exquisite medial joint line tenderness and rotatory signs of meniscal pathology. No ligamentous instability that he can detect. X-rays of the knee, AP, standing, lateral, and merchant reveal no fractures or dislocations, and no degenerative changes. Diagnosis: Tear of medial cartilage or meniscus of knee current, sprains/strains; cruciate ligament of knee. Plan: some anti-inflammatory medication and send him for an MRI of the knee. He wanted to see him back after the MRI. X-rays of the knee, AP, standing, lateral, and merchant reveal no fractures or dislocations, and no degenerative changes.

1-31-11 MRI of the right knee without contrast shows osteochondral contusion at the medial margin of the medial femoral condyle. Complex medial meniscus tear with early extrusion. Grade-1 sprain of the medial collateral ligament. Ganglion cyst extending from the proximal tibiofibular joint into the popliteus tendon sheath. Fissuring of articular cartilage at the patellar median ridge and medial patellar facet. Mild insertional quadriceps tendinosis.

2-10-11 MD., the claimant presents for follow up. His MRI did show a meniscal tear. He also has an osteochondral contusion. He is ambulating with a brace and managing his pain. Plan: Refill on the Mobic. He is going to go to Dallas for his maxillofacial fracture. His basketball season ends next week. He was going to go ahead and try to get him pre-certified for surgery and then he will decide when he wants to have it done.

5-17-11 MD., the claimant presents here for follow up. He has a meniscal tear. He injured it playing some basketball. He is a basketball coach. He had to have some maxillofacial surgery prior to his knee scope. He had fractured zygomatic arch.

They went ahead and lifted it but postoperatively he has had some adhesions of his facial muscles and now he is having some issues opening his mouth. Last time I saw him was in February. He talked about doing his surgery right away but because of the difficulty in opening his mouth, he was not able to do that. He is here now because he wants to get the surgery done this summer. On physical examination, he still has some medial joint line tenderness. Plan: try to schedule him for arthroscopy at his earliest convenience. We will fill out the blue slip and see how he goes.

6-21-11 MD., the claimant complains of right knee pain. He presents for follow up. The risk of the procedure was explained.

6-24-11 Surgery performed by Dr.: Right knee diagnostic arthroscopy, right knee arthroscopic partial medial meniscectomy.

7-1-11 MD., the claimant complains of right knee pain. His wounds look good. Sutures were taken out. He will be started on physical therapy.

7-5-11 Physical therapy initial evaluation.

Physical therapy on 7-18-11, 7-20-11, 7-21-11, 7-25-11, 7-27-11, 7-28-11, 8-1-11, 8-3-11, 8-4-11, 8-8-11, 8-10-11, 8-23-11.

7-26-11 MD., the claimant is doing well from his knee. It does not bother him as much. Physical therapy shows he has excellent range of motion. No pain, Minimal swelling. Plan: he will be seen on 8-16-11. Hopefully he will decide then whether he needs more therapy or not.

7-29-11 MD., the claimant is doing well from his knee. It is not bothering as much. He has had 6 physical therapy sessions. Plan: return on 8-16-11 and decides if he needs more therapy.

8-16-11 MD., the claimant presents for evaluation. He is doing well from his knee. It is not bothering him as much. He is still a little weak and would like little bit more therapy. On exam, he has minimal pain in the medial joint line. Diagnosis: Tear of medial cartilage or meniscus of knee. Plan: Refill on the therapy. Return in 4 weeks to see how he is progressing.

8-23-11 Physical therapy reevaluation notes the claimant has done well but continues with quad weakness and instability. Range of motion shows flexion 140 degrees and extension of 0 degrees. The evaluator recommended the claimant continue with physical therapy treatments.

8-25-11 MD., performed a Utilization Review - adverse determination for the requested additional physical therapy x 12 sessions. He reported that after review of the submitted documentation and relevant guidelines, the current request is deemed not medically necessary. The patient's knee injury has been treated surgically, and he has attended adequate post-op supervised therapy, per guidelines. His latest exam shows minimal pain and that the patient would like more PT. Further PT is not warranted, as there do not appear to be any extenuating circumstances. Recommend adverse determination.

8-31-11 DO., performed a Utilization Review - the evaluator reported Based on the clinical data, the request for reconsideration for continued therapy 3 x week x 4 weeks is not recommend as medically necessary, The patient underwent a right arthroscopic partial medial meniscectomy and has received the recommended 12 physical therapy sessions per the Guidelines. The patient has minimal pain; there are no exceptional factors of delayed recovery documented. The request for an additional 12 visits is excessive. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

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

REVIEW OF THE MEDICAL RECORDS REVEALS A GOOD SURGICAL OUTCOME FROM AN ARTHROSCOPIC MEDIAL MENISECTOMY. CLAIMANT POST-OP HAD GOOD RANGE OF MOTION WITH MINIMAL PAIN. CLAIMANT WAS PROVIDED THE APPROPRIATE AMOUNT OF PT FOLLOWING ARTHROSCOPY. THER IS NO DOCUMENTED COMPLICATION OR REASON FOR THE NEED FOR ADDITIONAL FORMAL PT. THEREFORE, THE REQUEST FOR ADDITIONAL PHYSICAL THERAPY 3 X WEEK X 4 WEEKS IS NOT REASONABLE OR MEDICALLY NECESSARY.

**ODG-TWC, last update 9-16-11 Occupational Disorders of the Knee -**

Physical therapy: Medical treatment: 9 visits over 8 weeks

Post-surgical (Meniscectomy): 12 visits over 12 weeks

**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)**