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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: September 4, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 visits of physical therapy over 2 weeks for the left knee with CPT codes 97110 97530 and 97035

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)

The reviewer finds 6 visits of physical therapy over 2 weeks for the left knee with CPT codes 97110 97530 is medically necessary. The reviewer finds that 6 visits of physical therapy over 2 weeks for the left knee with CPT code 97035 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates, Knee and Leg, Physical Medicine Treatment

Dr. office notes 07/21/11

Order requisition 07/21/11

Physical therapy evaluation 07/27/11

Faxed pre auth request 07/29/11, 08/03/11

Letters 08/03/11, 08/05/11

Peer review reports 08/02/11, 08/05/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male being evaluated for a request for six physical therapy visits over two weeks for the left knee with CPT codes 97110, CPT 97530, and CPT 97035.

The available medical records contain an 08/03/11 Peer Review indicating a previous denial for the request for six physical therapy visits because of the requested treatment modality of ultrasound, CPT 97035 which according to this document is not allowable per Official Disability Guidelines. Additional records include a 07/21/11 treating physician evaluation indicating the claimant is status post previous ACL reconstruction on 07/30/02. The claimant reported that he had been doing quite well until about two years ago when he started having some weakness to the left knee. The claimant stated that the knee, "wants to get out on him, and he loses his balance." The examination shows the claimant's gait is normal. The left knee has a healed midline incision. There is full range of motion and no swelling. Lachman's and pivot shift testing is negative. The claimant is reported to have some quadriceps atrophy. Interpretation of the x-rays based on this report is essentially unremarkable. The diagnosis is previous anterior cruciate ligament reconstruction left knee. Recommended treatment is a

knee brace as well as getting the claimant into a “little bit of therapy for strengthening.” The record contains a physical therapy document of 07/27/11 indicating the claimant presenting with left knee weakness and balance loss and a suggestion for therapeutic modalities including moist heat, ice application, ultrasound, therapeutic exercise, balance training, and a home exercise program.

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

According to the records the claimant has left knee weakness with some quadriceps atrophy on exam and would likely benefit from a short course of physical therapy for strengthening. It appears that the main issue is the request for ultrasound, which is not recommended in Official Disability guidelines. Therefore, the reviewer finds 6 visits of physical therapy over 2 weeks for the left knee with CPT codes 97110 and 97530 is medically necessary. The reviewer finds that 6 visits of physical therapy over 2 weeks for the left knee with CPT code 97035 is not medically necessary.

Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates, Knee and Leg, Physical Medicine Treatment

Active Treatment versus Passive Modalities: 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).

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2)
Medical treatment: 12 visits over 8 weeks

Ultrasound

Not recommended over other, simpler heat therapies.

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)