



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 4/12/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of physical therapy 3 x Wk x 4 Wks bilateral knees.

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.

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 prospective medical necessity of physical therapy 3 x Wk x 4 Wks bilateral knees.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Request for Reconsideration – 2/27/12, Progress Note – 2/21/12, 2/29/12, & 1/4/12, PT Department Scripts – 11/22/11 & Undated script, and Knee Flow Sheets – 9/12/11-3/14/12.

Records reviewed from Denial letters – 3/5/12 & 3/19/12; PT Pre-Auth Requests – 1/10/12, 2/27/12, 3/7/12, History and Physical Report – 3/6/12, Progress Notes – 1/4/12, 1/5/12, 1/10/12, 1/26/12, Fax pre-auth request – 1/26/12, & Request for Reconsideration – 1/10/12.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The records provided for review begin on xx/xx/xx and include notes from 36 physical therapy sessions. The first narrative note for review is dated January 4, 2012 and is from. This worker sustained an injury on August 30, 2010 that involved at least both knees and her right hip. There is no description of the mechanism of injury or what body parts were actually injured. In note from January 4, he stated that the injured worker "is doing much better" receiving physical therapy and taking pain medications. Later in the same note, he stated that "the right knee isn't getting any better." noted that the injured worker was six and a half weeks post right knee arthroscopy and partial medial meniscectomy. Diagnostic impressions were that the injured worker had osteoarthritis and a degenerative tear of the medial meniscus. stated that the injured worker was having a flare up of right knee pain due to over activity. He further stated that the injured worker had stepped from her truck and her right knee locked in flexion. He stated that she planted her foot and placed all her weight on the leg and this aggravated her symptoms. recommended continuation of physical therapy.

On January 26, stated that the injured worker said she was improving, but reported grinding and episodes of a sensation that the knee would "pop" and "catch." stated that the injured worker was taking Naprosyn, using ice and a stimulation machine, and that she had resumed physical therapy the preceding day. recommended a series of five hyalgan injections for the right knee. He stated that these injections had been helpful with the left knee following arthroscopy. According to the records, he injected the injured worker with a steroid preparation on January 26, 2012.

A physical therapy noted dated February 21, 2012 indicated that the injured worker had received 23 postoperative visits for the right knee and 15 for the left knee. Range of motion of the left knee was described as 0 to 118. Right knee range of motion was 1 to 112. Pain with prolonged sitting, standing, and walking was described. Eccentric quadriceps strength was said to be poor bilaterally.

On February 29, 2012, stated that the injured worker was improving. Later in the same narrative he stated that the patient "states that she has 20 visits of physical therapy and she has not gotten any better and is very frustrated." Medications taken at that time included hydrocodone / acetaminophen, ibuprofen, Meloxicam, Tramadol, and Promethazine. reported that there was mild to moderate tenderness along the medial joint line of the right knee, good range of motion with some crepitance, and motor function intact. The left knee was described as showing some joint line tenderness, full and painless active flexion and extension, and 5/5 strength. X-rays of both knees were said to be consistent with moderate arthritis of the medial and patellofemoral compartments. gave the

injured worker her fourth hyalgan injection and prescribed Pennsaid drops for the knees p.r.n.

There are two Letters of Adverse Determination for continued physical therapy for the knees, one dated March 5 and one dated March 16. Both letters cited the fact that the injured worker had already exceeded the recommended physical therapy for postoperative treatments. The Letter of Adverse Determination dated March 16 included a statement that the reviewer had talked with a physician assistant who indicated that the request for physical therapy was for the left hip and not the knee.

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

This medical record does not contain information regarding this injured worker's mechanism of injury or actual body parts injured. The injured worker has had arthroscopic surgery on both knees. Records indicate that she had 23 physical therapy visits for the right knee and 15 for the left knee as of February 21, 2012. There are statements in the medical record that the injured worker's knees were improving with physical therapy, but there are conflicting statements that the physical therapy was not helping the patient. The last such note was provided on February 29, 2012, where the treating physician stated that the injured worker had had 20 visits of physical therapy and had "not gotten any better."

ODG Treatment Guidelines recommend 12 post-surgical physical therapy visits over a 12-week period for surgical treatment of derangements of a meniscus. The post-surgical treatment for an arthroplasty for arthritis is 24 visits over ten weeks. It is difficult to ascertain exactly how many physical therapy visits this injured worker had for each of her knees, but there is a clear statement that she had received, as of February 21, 23 postoperative visits for her right knee and 15 for the left knee. Examination findings revealed good range of motion of both knees when the injured worker was last evaluated by on February 29, 2012. Motor function was said to be intact on the right and strength on the left was described as 5/5.

The injured worker has received extensive physical therapy. There is a statement that the injured worker was using ice and stimulation to assist with management of the knees. She also was taking a number of medications including two anti-inflammatory drugs and two prescription pain medications. Since she has met or exceeded the recommended ODG Treatment Guidelines for physical therapy postoperatively and since there is a question about whether or not she is actually benefitting from the therapy she did receive, this medical record does not establish the medical necessity for physical therapy three times a week for four weeks for bilateral knees. Therefore, the requested service is not medically necessary.

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)