

# CASEREVIEW

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Notice of Independent Review Decision

**[Date notice sent to all parties]:** August 13, 2012

**IRO CASE #:**

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

97110 Therapeutic Exercises – 6 units, 97112 Neuromuscular Reeducation – 6 units, 97530 Therapeutic Activities – 6 units, 97140 Manual Therapy – 6 units, 97535 Self Care Mngment Training - 6 units, 97116 Gait Training Therapy – 6 units (PT 3x2 for the right knee)

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

This physician is Board Certified in Family Practice with over 13 years of experience.

**REVIEW OUTCOME:**

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured on xx/xx/xx while he was walking down stairs, he slipped and fell backwards, landing on the ground. His right leg went under his body, twisting his right knee.

On xxx, X-ray of the Right Knee, Impression: 1. No fracture or dislocation. 2. Moderate volume joint effusion of traumatic or inflammatory origin. 3. Mild degree of medial compartment arthrosis.

On xxxx, the claimant was evaluated by DO for complaints of swelling and pain to the right knee. His paid was rated 8/10. On physical exam there was moderate swelling of the right knee. Range of motion was 90 degrees of flexion and 160 degrees of extension. Tenderness was reported anterior and posterior. Muscle testing decreased leg extension and decreased flexion. Effusion noted diffused. Medial collateral ligament normal. Lateral collateral ligament normal. Lechman

test negative. Bulge sign negative. Diagnosis: Right knee sprain.  
Plan: Physical therapy evaluation and treat 3 times a week for 2 weeks.  
Medication: Naprosyn 500 mg and Vicodin 5/500. He was also given a knee brace.

On xxx, the claimant underwent a physical therapy evaluation at xxxx by PT. Pre-existing injury was reported to the right knee in 2005 with repair to torn cartilage. Assessment: Pt presents to clinic with right knee sprain, exhibits deficits in gait, ROM, strength, and endurance. ADL limitations: ambulation; Functional Deficits: ambulation, stairs, standing; Job Limitations: transitioning, climbing, crawling, ambulation, stairs. Recommendation was made for PT 3 times a week for 2 weeks.

On xxxx, the claimant was re-evaluated by DO who reported feeling better on the right knee with minor swelling to the sides. Pain was reported as 5/10. A recommendation was made to continue physical therapy and the knee brace. He was prescribed Prednisone 10 mg.

On xxxx, the claimant underwent a physical therapy re-evaluation with PT. It was recommended the claimant continue treatment for increasing ROM and strength to promote functional mobility.

On xxxx, the claimant was re-evaluated by DO who reported he was feeling okay, but still unable to do his activity and pain rated 7/10. On examination there was mild swelling of the right knee. Range of motion: flexion remained the same, extension increased. Tenderness reported decreased. Strength remained the same. Effusion decreased. McMurray test was positive and Drawer sign was negative. Plan: Continue physical therapy to increase function of the right knee, continue knee brace, no medication required, and MRI of the right knee.

On xxxx MRI of the Right Knee, Impression: 1. Irregular appearance along the free edge of the body and particularly the posterior horn of the medial meniscus toward the intercondylar notch can be associated with a post- meniscectomy appearance. Maceration of this meniscus cannot be excluded as surgery was in 2005. There is grade 3 and patchy grade 4 chondromalacia along this compartment with subcortical marrow edema involving the anterior and posteromedial tibial plateau. 2. The lateral femoral compartment and patellofemoral compartments are intact. 3. Prior partial strain to the proximal medial collateral ligament and the lateral collateral ligament and cruciate ligaments are intact. 4. Small joint effusion with some inflammation of the prepatellar subcutaneous tissues. 5. Small 1x3 cm Baker's cyst is also noted.

On xxxx, the claimant was re-evaluated by DO who reported his pain increased when adding pressure and when walking. Pain was rated 7/10 and it was reported he had not been taking medication. On examination he had full range of motion of the right knee. There was mild swelling of the knee. Tenderness reported remained the same. Diagnosis: Right knee sprain. Plan: Continue physical therapy and knee brace. He was also prescribed Naprosyn

On xxxx, the claimant underwent a physical therapy re-evaluation with xxxx xxxx, PT. It was indicated that the claimant had been issued, educated, and trained on self-care and a home exercise program to aid in clinical progression and achievement of functional goals along with the therapeutic interventions. Plan: Continue treatment for increasing ROM and strength to promote functional mobility. Impairments remaining were listed as ROM, strength and gait. Functional deficits remaining were listed as ambulation, squatting, lifting, and kneeling.

On xxxx, the claimant was re-evaluated by DO who reported overall the symptoms had decreased. Range of motion had increased. Claimant's gait had returned to normal. Pain level had decreased and was rated 6/10. Swelling had decreased. Bruising had resolved and stability had remained the same. Plan: Continue physical therapy, Naprosyn 500 mg and knee brace.

On xxxx, the claimant underwent a physical therapy re-evaluation with PT. It was reported that ROM had improved to 0-120. MMT had improved to 4+/5 flex, 4-/5 extension with pain. Goal had not been met regarding meeting 100% critical events of gait cycle. It was listed as decreased wt bearing on right. It was reported there was improvement in the goal to lift and carry 45# x10 w proper mechanics without exacerbation of sx's. The claimant was able to perform 18# lift and carry w/o c/o pain. Recommendation was made to continue treatment for increasing ROM and strength to promote functional mobility.

On xxxx, the claimant was re-evaluated by DO who reported his pain was 6/10. On examination he had full range of motion. Mild swelling remained. Tenderness reportedly decreased. Effusion decreased. Diagnosis: Right knee sprain. Plan: Continue physical therapy, knee brace, and prescribed Prednisone 10 mg.

On xxxx, MD performed a UR. Rationale for Denial: Based on the clinical information provided, the request for continued PT 3 x 2 is not recommended as medically necessary. The claimant has completed 12 sessions of physical therapy to date. The Official Disability Guidelines support up to 12 visits for the claimant's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. I discussed the case with Dr. She last saw claimant on 5/31/12. Still with 6/10 pain. MRI was negative. He is on steroid dose pack. Further PT not indicated. The claimant 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.

On xxxx, the claimant was re-evaluated by DO who reported he was still having pain when walking or adding pressure to his leg. Currently he was only restricted from climbing ladders or walking stairs. Plan: Continue physical therapy, knee brace, prescribed Ultracet 37.5/325 mg and refer to an Orthopedic for the right knee.

On xxxx, the claimant underwent a physical therapy re-evaluation with PT. It was reported that ROM was 0-120. MMT was to 4/5 flex, 4/5 extension with medial knee pain. The claimant was reported to be able to perform 35# box and carry but had c/o medial knee pain with lifting. Recommendation was made to continue treatment for increasing ROM and strength to promote functional mobility. Impairments remaining were listed as ROM, strength, gait. Functional deficits remaining were listed as squatting, lifting, and kneeling.

On xxxx, MD performed a UR. Rationale for Denial: This is a request for 6 PT visits over 2 weeks for the right knee. ODG Guidelines recommend 12 visits over 8 weeks for this diagnosis. The claimant has completed 12 PT sessions for the right knee to date. The requested additional visits, in addition to the previously rendered PT sessions, are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous PT visits that is documented in the records provided. The notes from the previous PT visits are not specified in the records provided: a valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. With this, it is deemed that the clinical information obtained does not establish the medical appropriateness, clinical utility and anticipated potential benefits of additional 6 PT over 2 weeks for this diagnosis.

On xxxx, the claimant was re-evaluated by DO who reported his pain remained a 5/10. Plan: Continue physical therapy, knee brace, no medication required, and await orthopedic referral.

On xxxx, the claimant underwent a physical therapy re-evaluation with PT. It was reported that ROM was 0-120 with medial knee pain. MMT was to 4+/5 flex, 4/5 extension with medial knee pain. He had improved gait with difficulty cutting, twisting, and turning. The claimant was reported to be able to perform 35# box and carry but had c/o medial knee pain with lifting. Recommendation was made to continue treatment for increasing ROM and strength to promote functional mobility. Impairments remaining were listed as ROM, strength, gait. Functional deficits remaining were listed as squatting, lifting, and kneeling.

On xxxx, the claimant was evaluated by MD who reported his right knee pain is the same. Pain was rated 6/10 when he puts weight on the knee. On examination there was moderate effusion of the right knee. Range of motion for flexion was 100 degrees and 0 degrees of extension. Tenderness was reportedly the same. Medial collateral ligament large "click" with stress on medial knee. Lateral collateral ligament normal. McMurray test was positive. Diagnosis: Right knee sprain. Plan: no physical therapy at this time because it was denied. Continue right knee brace. Prescribed Naprosyn 500 mg. Await orthopedic referral.

On xxxx, the claimant underwent a physical therapy re-evaluation with PT. It was reported that ROM was 0-120 with medial knee pain. MMT was to

4+/5 flexion and extension with medial knee pain. He had increased medial knee pain as day progresses, which increased his limp. The claimant was reported to be able to perform 35# lift and carry x 50 feet with medial knee pain. Recommendation was made to continue treatment for increasing ROM and strength to promote functional mobility. Impairments remaining were listed as ROM, strength, gait, endurance. Functional deficits remaining were listed as squatting, lifting, kneeling, and carrying.

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

This reviewer finds that the previous adverse determinations should be upheld. The Official Disability Guidelines supports up to 12 visits over 8 weeks for the claimant's diagnosis of right knee sprain. The claimant has already received 12 visits and according to records reviewed, the claimant was improving clinically and was instructed on a home exercise program. There are no exceptional factors documented as to why this claimant should receive physical therapy that exceeds ODG recommendations. The requested PT sessions are more than recommend by ODG, therefore, the request for 97110 Therapeutic Exercises – 6 units, 97112 Neuromuscular Reeducation – 6 units, 97530 Therapeutic Activities – 6 units, 97140 Manual Therapy – 6 units, 97535 Self Care Mngment Training - 6 units, 97116 Gait Training Therapy – 6 units (PT 3x2 for the right knee) is not found to be medically necessary.

PER ODG:

**ODG Physical Medicine Guidelines –**

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

**Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):**

Medical treatment: 9 visits over 8 weeks

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

**Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):**

Medical treatment: 12 visits over 8 weeks

Post-surgical (ACL repair): 24 visits over 16 weeks

**Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis** (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):  
 9 visits over 8 weeks  
 Post-surgical: 12 visits over 12 weeks

**Pain in joint; Effusion of joint** (ICD9 719.0; 719.4):  
 9 visits over 8 weeks

**Arthritis (Arthropathy, unspecified)** (ICD9 716.9):  
 Medical treatment: 9 visits over 8 weeks  
 Post-injection treatment: 1-2 visits over 1 week  
 Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks

**Abnormality of gait** (ICD9 781.2):  
 16-52 visits over 8-16 weeks (Depends on source of problem)

**Fracture of neck of femur** (ICD9 820):  
 Post-surgical: 18 visits over 8 weeks

**Fracture of other and unspecified parts of femur** (ICD9 821):  
 Post-surgical: 30 visits over 12 weeks

**Fracture of patella** (ICD9 822):  
 Post-surgical: 10 visits over 8 weeks  
 Post-surgical treatment (ORIF): 30 visits over 12 weeks

**Fracture of tibia and fibula** (ICD9 823)  
 Medical treatment: 30 visits over 12 weeks  
 Post-surgical treatment (ORIF): 30 visits over 12 weeks

**Amputation of leg** (ICD9 897):  
 Post-replantation surgery: 48 visits over 26 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)