CALIGRA MANAGEMENT, LLC
1201 ELKFORD LANE
JUSTIN, TX 76247
817-726-3015 (phone)
888-501-0299 (fax)

Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE –WC

December 3, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Ultrasound, therapeutic exercise, manual therapy techniques for knee/hip (right)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Physical Medicine, Rehabilitation and Pain Management Physician

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.

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:

TDI

- Utilization reviews (08/30/12, 10/01/12)

- Physical therapy (07/24/12 – 08/30/12)

Injury Management Organization

- Physical therapy (08/16/12, 08/30/12)
- Peer review (08/20/12)
- Utilization reviews (08/30/12, 10/01/12)
- Office visit (09/12/12)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained a work-related injured, while employed by the City of XXXX. She was preparing to stop her bike when her shoelace got caught in the pedal causing the patient and the bike to fall to the concrete and injuring her right hip.

On July 24, 2012, the patient attended an initial physical therapy (PT) evaluation. The patient was recommended therapy three times a week for six weeks.

From July 31, 2012, through August 30, 2012, the patient attended seven sessions of PT consisting of exercises.

On August 20, 2012, M.D., performed a peer review. The summary has the following records: *M.D., evaluated the patient for complaints of right hip pain that went down the lateral side along the iliotibial (IT) band and painful knee. Examination showed tenderness over the trochanteric bursa at the lateral side of the hip joint. IT stretch aggravated the pain. There was tenderness anteriorly in the right knee. There was some tenderness at the Achilles and softer with palpation. Thompson test was positive. Impression was hip contusion/bursitis, thigh contusion, knee contusion and ankle sprain. Plan included prescriptions for Relafen and Ultram and PT.*

On June 4, 2007, Dr. evaluated the patient for complaints of right hip pain, right knee and ankle pain. Impression was hip contusion, knee contusion and internal derangement of knee and ankle sprain. Plan was referral to an orthopedic surgeon.

On June 11, 2007, evaluated the patient and diagnosed right hip contusion. The patient was given Sulindac.

On June 14, 2007, MRI of the right ankle showed severe insertional tendinosis with a partial Achilles tendon tear and an old anterior talofibular ligament tear.

On June 22, 2007, M.D., evaluated the patient for complaints of right knee pain, right ankle and right hip pain. Examination of the right shoulder revealed a mildly positive impingement sign. Examination of the right hip revealed tenderness over

the right trochanteric bursa. She had a little bit of groin pain, but minimal. Examination of the right knee revealed an effusion. She was tender on the medial joint line. Rotational tests caused pain medially. She had some popping in the knee, but she said it was not buckling or locking. However, she walked very poorly because of her right ankle pain. The knee gave away. Her final problem was her right heel. She was tender on the Achilles tendon. Squeezing the tendon hurt. Impression was contusion of the hip with posttraumatic bursitis, internal derangement of the right knee and partial Achilles tendon tear. Plan was for cortisone shot in the future, PT and MRI of the right knee.

On July 13, 2007, MRI of the right knee showed moderate degenerative changes predominantly in the medial, as well as in the patellofemoral compartment, degeneration of the medial meniscus with fraying of non-displaced tear of the medial meniscus and a benign appearing enchondroma is suspected in the head of the fibula.

On July 23, 2007, M.D., evaluated the patient for complaints of right knee pain. Examination showed tenderness over the medial joint line. Rotational tests caused pain medially. There was tenderness at the insertion of Achilles tendon. Impression was partial tear insertional tendinosis of the Achilles tendon. A cortisone shot was performed into the right knee. Plan included some therapy.

On July 25, 2007, M.D., evaluated the patient for complaints of right ankle pain. Impression was Achilles tendinitis. Plan included prescription for a 1/2-inch heel lift and weaning out of the boot. On August 22, 2007, Dr. noted swelling in the posterior ankle, moderate tenderness over the Achilles insertion and retrocalcaneal bursa. Plan included debridement/repair of the right Achilles tendon and posterior heel exostectomy.

On August 22, 2007, Dr. evaluated the patient for complaints of right hip pain, right knee and ankle pain. Examination showed tenderness over the greater trochanteric bursa, tenderness across the medial joint line of the right knee. Impression was posttraumatic right hip bursitis, right knee medial meniscal degeneration and medial joint osteoarthritis and right Achilles tendonitis/partial tear. Plan included proceeding with right knee arthroscopy and medial meniscectomy.

On September 26, 2007, Dr. performed right Achilles tendon debridement and repair and posterior heel exostectomy of the right foot.

On October 9, 2007, Dr. prescribed a walking boot and recommended starting therapy in two weeks. On October 26, 2007, Dr. removed the cast and applied the boot. He recommended beginning therapy.

From November 2007 through March 2008, the patient attended PT.

On December 18, 2007, M.D., performed chondroplasty of the medial femoral condyle and chondroplasty of the patella. Postoperatively, he recommended starting PT.

From December 2007 through February 2008, Dr. recommended continuing therapy.

On February 13, 2008, the patient was given a sample of topical NSAID cream.

On February 25, 2008, Dr. evaluated the patient for complaints of right knee pain and locking. The patient stated that since the surgery her popping, pain, and locking were actually worse. Examination showed effusion and more tenderness medially than laterally. Impression was posttraumatic torn medial meniscus of the right knee and osteoarthritis of the right knee. Plan was for MRI of the right knee because of the locking. DWC-73 showed the patient returned to work with restrictions on February 25, 2008 through March 25, 2008.

On March 6, 2008, MRI of the right knee showed progression in the degeneration of the medial compartment of the knee with moderate osteoarthritis, including degeneration of the medial meniscus; moderate-to-severe osteoarthritis of the patellofemoral compartment and stable-appearing, benign enchondroma of the fibular head.

The DWC-73 from March 17, 2008, through April 28, 2008, showed the patient returned to work with restrictions.

On April 21, 2008, D.C., evaluated the patient for complaints of low back pain, right hip pain into her leg, neck pain and headaches. Examination showed multiple subluxations, posture shifts, forward head posture and moderate-to-severe paraspinal myospasms as well as decreased range of motion.

On May 5, 2008, Dr evaluated the patient for complaints of right knee and ankle pain. The patient's gait was antalgic on the right. Impression was right knee pain and right medial meniscus tear. Plan included functional capacity evaluation (FCE).

On May 15, 2008, FCE showed the patient was functioning at a light physical demand level (PDL).

On June 6, 2008, Dr. recommended surgical intervention for her right knee.

On June 12, 2008, M.D., evaluated the patient for complaints of pain in the low back, right hip, and right knee and ankle. Impression was tendinitis Achilles and knee pain, right. X-rays of the right knee showed some calcifications going into the medial aspect.

On October 15, 2008, Dr. evaluated the patient for complaints of right knee pain. Examination showed mild effusion. The patient had reached a stable point with the knee. Dr. performed injection Depo Medrol into the right knee and prescribed a handicap sticker.

On March 2, 2011, Dr. evaluated the patient for complaints of right hip and right knee pain. The patient had difficulty with ambulating and prolonged standing. Examination showed tenderness over the medial compartment and over the trochanteric bursa. Impression was osteoarthritis right knee and trochanteric bursitis right hip. Dr. performed injection Depo Medrol and recommend starting PT.

On July 6, 2012, Dr. evaluated the patient for complaints of right hip and right knee pain. Examination showed tenderness over the trochanteric bursa and the medial compartment. Right knee range of motion was from -5 to 110 degrees. Impression was traumatic trochanteric bursitis of the right hip and secondary osteoarthritis of the right knee. Plan included recommendation for a trial of Synvisc for the right knee and MRI of the right hip."

Dr. opined as follows: (1) Based on the records provided, current treatment was secondary to the sequelae from injury/surgery the patient had. (2) The osteoarthritis of the right knee was related to the consequence of the surgery performed for this injury. (2) Regarding the diagnosis of trochanteric bursitis right hip, a diagnosis had not been made. (3) MRI would be recommended in order to make a diagnosis and determination on further treatment. (4) Treatment to the right knee was related to the compensable injury. (5) Most recently there was a request for Synvisc injection, which was approved x3 per UR, which was reasonable based on the data provided. (6) Current treatment included PT for the knee and Synvisc injections x3 which was appropriate. (7) For the right hip, an MRI was recommended in order to determine further care. (8) The patient should be transitioned from Vimovo to an over-the-counter (OTC) form unless she had secondary GI effects.

Per the utilization review dated August 30, 2012, the request for ultrasound 15 minutes, therapeutic exercise, manual therapy techniques 15 minutes and electrical stimulation was denied by, D.C., based on the following rationale: *"No clinical records are provided for review from the treating doctor, and the order dated August 28, 2012, is for 2 x 2 weeks (4 sessions). I spoke with Dr.on August 29, 2012 at 10:41 am CST at which time the following was noted; employee called on August 1, 2012, and stated that she was not going to have the Synvisc injections, employee has not been seen by Dr. since July 6, 2012; and Dr. is of the opinion that no additional treatment should be approved until he re-evaluated. Based on this information, recommendation is for non-certification."*

On September 12, 2012, Dr. evaluated the patient for persistent pain and discomfort in the knee. She had six treatments of PT for her knee and her hip and said it definitely helped her. Both she and the therapist would like to proceed with

at least six to eight more treatments. She did not wish using Synvisc. She was taking ibuprofen and she reported it helped her. She had an MRI of the right hip that showed mild osteoarthritis of the hip. She said her knee sometimes catches and buckles. Sometimes it felt as if the hip catches. Examination showed knee extension to 0 degrees and flexion to 115 degrees, more tenderness over the medial side and some mild discomfort in the groin with ROM. The patient had full ROM. Dr. Kant diagnosed osteoarthritis of the right knee and mild osteoarthritis of the right hip. He continued ibuprofen and recommended continuing therapy twice a week for three more weeks.

Per the reconsideration review dated October 1, 2012, M.D., denied the appeal for ultrasound 15 minutes, therapeutic exercise, manual therapy techniques 15 minutes and electrical stimulation based on the following rationale:
"I discussed the case with Dr. who recently saw the patient on September 12, 2012. During the exam, Dr. reports the patient's range of motion at 0-115 with 5/5 strength on manual motor testing. Dr. and the patient feel her symptoms have greatly improved during her organized physical therapy, specifically with the strengthening machines. Dr. offered the patient Synvisc injections for mild arthritis but the patient prefers exercise. The patient is taking ibuprofen at 800 mg, with some improvement in her symptoms. Additionally, the treating physician requested only six formal physical therapy sessions and not eight. There is not a reason that would warrant the need for more formal physical therapy at this time. The request for reconsideration of additional physical therapy including eight sessions for the right hip and right knee two times a week for four weeks is not certified. The request remains noncertified as the physical examination findings from physical therapy from August 30, 2012, documents minimal subjective complaints with minimal deficits on range of motion and strength that would warrant the need for further formal physical therapy in excess of the guidelines recommendations at this time. The guidelines recommend a total of nine over an eight week period; six sessions have been authorized recently. The injury is from 2007 without any recent repeat injury or significant clinical deficit noted on examination. Further formal physical therapy would not be supported. The patient could benefit from a home exercise program at this time."

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

There is no clinical evidence in the provided notes that the requested treatments would be beneficial at this late stage of recovery. In addition, examination findings from physical therapy from August 30, 2012, documents minimal subjective complaints with minimal deficits on range of motion and strength that would warrant the need for further formal physical therapy in excess of the guidelines recommendations at this time.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES