Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/31/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
12 supervised rehab sessions with up to 6 units per session

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Pain Medicine

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines and Treatment Guidelines
Employer's first report of injury or illness xx/xx/xx
Associate statement dated 01/23/12
Authorization release of medical records and reports dated 01/23/12
Worker's comp request for medical care
Associate incident log form 01/24/12
Bonafide job offers 01/25/12, 02/01/12, 02/09/12, 02/16/12, 02/23/12,
Progress notes M.D. dated 01/25/12-04/17/12
Alamo City therapy notes dated 02/02/12-03/08/12
Functional capacity evaluation dated 03/08/12
Progress notes M.D. dated 04/10/12-05/04/12
MRI right knee dated 05/01/12
Utilization review determination dated 04/16/12
Utilization review determination dated 04/27/12
IRO summary report dated 05/17/12

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who sustained an injury to the right knee on xx/xx/xx while climbing a stepladder. The claimant saw Dr. on 01/25/12 with complaints of right knee pain rating 6 out of 10. Physical exam showed tenderness to palpation over the medial joint line along the medial collateral ligament. There was no effusion noted. There was increased pain with valgus stress. There was normal range of motion without pain or crepitation. Radiographs of the right knee revealed no evidence of fracture. The claimant was assessed with right knee sprain/strain. The claimant was prescribed Naproxen and advised to use a knee brace. The claimant saw Dr. on 02/08/12 with complaints of right knee pain despite two sessions of physical therapy. Physical exam revealed tenderness to palpation of the right knee. There

was no evidence of effusion. There was normal range of motion without pain or crepitation. Continued physical therapy was recommended by the provider. The claimant saw Dr. on 03/02/12 with complaints of right knee pain. Physical exam revealed tenderness to palpation of the right knee. There was no evidence of effusion. There was normal range of motion without pain or crepitation. FCE was recommended. The claimant was prescribed ibuprofen and diclofenac. A functional capacity evaluation performed 03/08/12 placed the claimant in the light physical demand level, and stated she was not capable of meting the demands of a sales associate. The claimant saw Dr. on 03/16/12 with complaints of right knee pain. Physical exam revealed tenderness to palpation of the right knee. There was no evidence of effusion. There was increased pain with range of motion and valgus stress. The claimant was referred for orthopedic evaluation. The claimant was continued on work restrictions.

The claimant saw Dr. on 04/10/12 with complaints of right knee pain rating 8 out of 10. Prior treatment included activity modification, non-steroidal anti-inflammatories, and bracing. Physical exam was not performed. The claimant was given a steroid injection to the right knee. The claimant was recommended for physical therapy and MRI of the right knee. The request for 12 supervised rehab sessions with up to 6 units per session was denied by utilization review on 04/16/12 as it was unclear what occupational pathology was present that would require treatment with monitored therapy. Additionally, there was no clear mechanism of injury. The request for 12 supervised rehab sessions with up to 6 units per session was denied by utilization review on 04/20/12 due to no mechanism of injury. There was no objectively defined occupational pathology, and it was unclear and undocumented what occupational pathology the supervised rehabilitation was meant to address.

MRI of the right knee performed 05/01/12 revealed evidence of prominent medial plica and severe chondromalacia patellae. The medial meniscus was hypermobile with partial extrusion and mild medial compartment osteoarthritis. There was an internal margin tear of the posterior horn medial meniscus. There were partial tears or myxoid changes of the patellar tendon. The claimant saw Dr. on 05/04/12 with complaints of right knee pain. Physical exam revealed the claimant ambulated with an antalgic gait. There was small joint effusion noted. Patellar grinding test was positive. McMurray's was positive. Range of motion was from 0 to 120 degrees. Sensation was intact to light touch. Radiographs of the right knee revealed mild degenerative joint disease. The claimant was assessed with internal derangement of the knee, sprain of the medial collateral ligament, and knee sprain.

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

To date it is unclear to what extent the claimant has completed a physical therapy program. The claimant has two documented physical therapy sessions with no summary reports demonstrating the efficacy of the program. The 12 requested physical therapy sessions exceed guideline recommendations as physical therapy is limited to 9 sessions for osteoarthritis. There are no significant functional limitations noted on her physical exam that would reasonably support an excessive number of physical therapy sessions. Additionally, guidelines recommend no more than 4 units per session and 6 units per session are requested. No reason has been given as to why the ODG recommendations should not be followed in this patient's particular circumstance. The reviewer finds that medical necessity does not exist for 12 supervised rehab sessions with up to 6 units per session.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)