

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW: MAY 18, 2012**

**IRO CASE #:**

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

Outpatient physical therapy five sessions to the lower right leg consisting of whirlpool not to exceed 4 units per session

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

Certified, American Board of Orthopaedic Surgery

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Utilization reviews (03/30/12 – 04/18/12)
- Office visits (04/03/12)
  
- Office visits (03/09/12 – 05/07/12)
- Diagnostic (03/09/12 – 03/12/12)
- Utilization reviews (03/28/12 – 04/02/12)
  
- Utilization reviews (03/30/12 – 04/18/12)

**ODG has been utilized for the denials.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who on xx/xx/xx, was climbing up the steps of a truck when his right foot slipped and hit the side of the step. He developed a relatively large hematoma in the lateral aspect of the upper third of the right lower leg.

On March 9, 2012, an orthopedic surgeon, evaluated the patient for neck pain with radiation to the upper extremity and right knee pain with hematoma of the right upper leg. noted that several physicians, including with, had evaluated the patient. History was positive for right knee surgery. Examination of the cervical spine revealed diffuse tenderness of the paracervical muscles from the base of the skull to C7-T1 bilaterally, limited range of motion (ROM), decreased deep tendon reflexes (DTRs) and pain localized on the left side of cervical spine. Examination of the right lower leg revealed a large hematoma about 2 inches in diameter anterolaterally along the track of the peroneal nerve, positive Tinel's sign on percussion of the peroneal nerve behind the fibular head and numbness in the right great toe. Examination of the right knee revealed capsular swelling, painful ROM, inability to test McMurray's due to pain and tenderness in the calf area on palpation and foot dorsiflexion. diagnosed mild-to-moderate cervical strain, hematoma of the right upper leg secondary to contusion, rule out meniscal and/or ligamentous tear of the right knee and rule out deep vein thrombosis (DVT) of the right lower extremity. He ordered Doppler study of the right lower extremity and magnetic resonance imaging (MRI) of the right knee.

The venous Doppler of the right leg showed a hypoechoic mass with intrinsic septation and level echoes consistent with a hematoma on the lateral aspect of the calf measuring 4.1 cm transverse by 6 cm in length by 1.57 cm AP.

On follow-up, reviewed x-rays of the cervical spine that revealed degenerative changes of the disc spaces with narrowed disc spaces and sclerotic margins. Examination of the right lower leg revealed presence of a painful hematoma that was two inches in diameter and positive Tinel's sign on percussion of the peroneal nerve behind the fibular head. recommended five sessions of heated whirlpool for 20 minutes at 103 degree Fahrenheit and ordered MRI of the right knee and upper third of leg.

MRI of the right knee revealed a 7 x 4.2 x 2 cm subcutaneous hematoma in the anterolateral aspect of the knee and proximal lower leg, mild soft tissue edema in the anterolateral knee and lower leg, medial meniscal tear and myxoid degeneration and inferior surface tear in posterior horn and midbody segment, grade I sprain of the fibular collateral ligament and biceps femoris conjoint tendon and mild proximal patellar tendinosis.

recommended physical therapy (PT) for the cervical spine and heated whirlpool treatment for right lower leg hematoma.

Per utilization review dated March 30, 2012, the request for outpatient PT five sessions to the lower right leg consisting of whirlpool not to exceed 4 units per session was denied with the following rationale: *"It is the opinion of the reviewing physician that, "This patient was injured last month in Texas. There was a sprain of the knee and leg. The request is for whirlpool therapy for 5 days for a cervical strain, and hematoma in the right upper leg. The ODG is silent in regards to whirlpool modalities. However, I note that these modalities are passive in nature. This is contrary to the Official Disability Guidelines, which cite: Successful*

*outcomes depend on a functional restoration program, including intensive physical training, versus extensive use of passive modalities. (Mannion, 2001) (Jousset, 2004) (Rainville, 2004). Whirlpool is likewise a passive modality, which can provide comfort, but again, does not add to active improvement in functioning. Home baths or hot packs can similarly provide this heat modality for hematoma comfort. At present, the records and the evidence-based citations do not support certification of the request.”*

The request for outpatient PT five times a week for one week was **authorized** for the right lower extremity consisting of aquatic therapy.

On April 3, 2012, opined that the whirlpool was elected for treatment of the hematoma to avoid the possibility of infection if aspiration was performed. The hematoma was relatively large and painful and was causing compression in the peroneal nerve since the patient had been complaining of tingling into the right big toe.

Per reconsideration review dated April 18, 2012, the request for outpatient PT five sessions to the lower right leg consisting of whirlpool not to exceed 4 units per session was denied with the following rationale: *“It is the opinion of the reviewing physician that, “This male was injured xx/xx/xx, when he slipped climbing the stairs of his truck and injured his right lower extremity sustaining a hematoma of the leg. He also reported neck pain. The claimant, when seen March 9, 2012, complained of pain at the hematoma and neck pain with examination findings of diffuse tenderness of the paracervical musculature from the base of the skull to C7-T1 bilaterally with limited range of motion in all planes. The right lower extremity hematoma was noted to be two inches in diameter with a positive Tinel’s noted and numbness in the right great toe. The knee joint was swollen with 0-90 degrees motion with pain at the extremes. Dorsiflexion of the foot caused pain and there was tenderness to palpation of the calf. The claimant was authorized five sessions of aquatic therapy March 30, 2012. On April 10, 2012, the claimant indicated the purpose of the request for the heated whirlpool therapy was to reduce the fluid in the leg. The medical records do not otherwise document the claimant’s response to the five sessions of aquatic therapy already authorized. After the five sessions of aquatic therapy there should be medical documentation describing the claimant’s response to the treatment before determining any further treatment.”*

On May 7, 2012, noted that the right knee examination revealed a hematoma about an inch and a half in diameter in the superolateral aspect of the knee below the joint line. He recommended proceeding with a rehab program for the cervical spine and was waiting for approval for whirlpool treatment to resolve hematoma and allow spontaneous absorption.

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

To clarify the records above, it appears that the first request was for outpatient

PT, 5 sessions, to the right lower leg consisting of **whirlpool**, which was denied by on March 29, 2012 at 0907 hours.

Then, approval was given for PT 5 sessions (1 week) for the RLE consisting of **aquatic therapy (as opposed to whirlpool therapy)** on March 30, 2012 at 1611 hours. These 5 sessions of PT were to take place within a 30-day time frame.

On April 3, 2012, wrote his rebuttal letter requesting the use of a **heated whirlpool**, which was denied by on March 29<sup>th</sup>.

On April 18, 2012, a reconsideration request was submitted for the **heated whirlpool**, which was subsequently denied by

It appears that the two denials for the heated whirlpool treatment were reasonably derived and consistent with ODG criteria. It appears accurate that whirlpool is a passive modality, and that home baths or hot packs can similarly provide this heat modality for hematoma treatment and comfort.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**