



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

Date notice sent to all parties: 11/08/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twelve visits of physical therapy for the left knee

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

Board Certified in Orthopedic Surgery

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)

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

Twelve visits of physical therapy for the left knee - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Report from M.D. dated 07/06/10
Therapy evaluation dated 07/07/10 from P.T.
Therapy notes dated 07/08/10 and 07/09/10
A report from M.D. dated 07/19/10
Right knee MRI dated 07/30/10 interpreted by M.D.
Reports from D.O. dated 08/02/10, 08/11/10, 08/18/10, and 08/31/10

Reports from M.D. dated 09/01/10, and 01/27/11
Reports from D.O. dated 09/01/10, 09/15/10, 09/21/10, 09/30/10, 10/19/10, 10/26/10, 11/10/10, 12/02/10, 12/16/10, 01/13/11, 02/15/11, 03/07/11, 06/03/11, 07/07/11, 08/05/11, 09/09/11, 10/04/11, 11/03/11, 01/16/12, 05/08/12, 08/13/12, and 09/19/12
Reports from M.D. dated 09/02/10, 09/30/10, 10/28/10, and 11/24/10
Right knee MRI arthrogram dated 10/20/10 interpreted by Dr.
Emergency room discharge notes dated 10/23/10
Report from M.D. dated 12/15/10
Report from M.D. dated 02/10/12
Designated Doctor Evaluation from M.D. dated 11/10/11
DWC-69 form from Dr. dated 11/10/11
A letter from Dr. dated 04/04/12
Post DDE RME dated 05/03/12 from D.O. dated 05/03/12
DWC-69 and DWC-73 forms from Dr. dated 05/03/12
A referral from Dr. dated 09/27/12 for therapy
Physical therapy reevaluation dated 09/27/12 by Dr.
Notices of adverse determination from dated 10/08/12 and 10/22/12
A request for reconsideration from Dr. dated 10/16/12
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

Dr. examined the patient on 07/06/10. He diagnosed the patient with a leg and knee strain. Naproxen, Darvocet, and therapy were prescribed. A right knee MRI dated 07/30/10 demonstrated mild fraying of the free edge of the body and posterior horn of the lateral meniscus. There was a medially subluxed medial meniscus, but no tear. There was moderate tibiofemoral osteoarthritis and mild patellofemoral osteoarthritis. There was high grade chondromalacia of the lateral tibiofemoral joint and at the patellofemoral joint. There was small knee joint effusion with ossified intrarticular loose body and mild synovitis. Dr. evaluated the patient on 09/02/10 and recommended arthroscopy and possible arthrotomy of the right knee with partial medial meniscectomy and chondroplasty of the osteochondral defect. A right knee MRI arthrogram on 10/20/10 revealed the essentially the same findings as the previous MRI. On, 11/24/10, Dr. again recommended surgery. On 12/15/10, Dr. prescribed Hydrocodone and medical management of her knee pain. Dr. noted on 01/27/11, that he did not believe that arthroscopy would benefit the patient and felt ultimately, she would require a total knee replacement. He felt a unicompartmental would not be very beneficial given the involvement of the patellofemoral joint and the lateral side, as well as her obesity. On 06/03/11, Dr. provided an illegible note. On 08/05/11, she noted she still had soreness and swelling, but she had an increase in her pain after therapy. She would remain off work and the remainder of the note was illegible. Dr. performed a Designated Doctor Evaluation on 11/10/11. It was felt the patient had reached MMI on 10/20/10 and she was assigned a 0% whole person impairment rating. On 01/16/12, Dr. reexamined the patient. Continued off duty

status and additional physical therapy were recommended. Dr. performed a post DD RME on 05/03/12. She was noted to be five feet eight inches tall and weighed 309 pounds. He felt the patient had reached Maximum Medical Improvement (MMI) on 09/09/11 with a 1% whole person impairment rating. On 05/08/12, the patient returned to Dr.. She had pain rated at 7/10. Her medications were Norco, Flector patch, and Promethazine. The handwritten notes were again mostly illegible. Additional therapy was again recommended and her medications were refilled. On 09/19/12, the patient informed Dr. that her knee started to lock again since last week and she was currently in therapy. She felt it was going well. It was noted she needed a refill of the Flector patches and Biofreeze. She had good range of motion of the knee with some pain. Continued physical therapy was recommended and it was noted a urine drug screen would be done on the next visit. On 10/08/12, M.D., on behalf of, provided an adverse determination for the requested additional 12 sessions of physical therapy. Dr. provided a request for reconsideration on 10/16/12, nothing the request for additional therapy was to assist the patient in transitioning to a home exercise program. On 10/22/12, Bobby Enkevetchakul, M.D, also on behalf of Travelers, provided another adverse determination for the requested additional 12 sessions of physical therapy.

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

This patient's date of injury was in xx/xx and at this time, now over two years status post injury, the request for physical therapy is not in alignment with the recommendations of the Official Disability Guidelines (ODG). The ODG recommends physical therapy for a total of 12 sessions over 12 weeks status post surgery. Furthermore, she was placed at MMI by Dr. on 11/10/11 with a 0% whole person impairment rating. He noted on her FCE she provided inconsistent effort. Dr. noted in his 05/03/12 RME that the claimant had 116 degrees of flexion and full extension. Subsequent therapy notes following the RME documented more limited range of motion than what was documented by Dr.. According to the notes, she continues to see Dr. and utilize medications and perform a home exercise program. If she is currently performing a home exercise, additional formal physical therapy would not be appropriate at this time. Furthermore, the patient has reached her pre-injury baseline and she has preexisting osteoarthritis present in the knee and there is essentially no chance that any long term benefit will be obtained with the 12 sessions of physical therapy or if it will be beneficial on the short term. Therefore, the requested 12 sessions of physical therapy for the left knee would not be appropriate and the previous adverse determinations should be upheld at this time.

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)**