

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: October 16, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Physical Therapy 3x/week for 4 weeks Right Knee

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

This physician is a Board Certified Orthopedic Surgeon with over 40 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:

04/18/12: MRI of the Right Knee interpreted by MD
05/18/12: Operative Report by DO
03/07/13: MRI of the Right Knee interpreted by MD
04/29/13: Operative Report by DO
06/25/13: Evaluation by DO
07/12/13: Evaluation by DO
08/19/13: Physical Therapy Progress Summary by PT
08/20/13: Evaluation by DO
08/26/13: UR performed by MD
08/27/13: Letter by PT

08/30/13: UR performed by MD
09/03/13: Evaluation by FNP-C
09/05/13: Evaluation
09/11/13: Evaluation by FNP-C
09/19/13: Evaluation

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who injured on xx/xx/xx. She felt immediate pain in her right knee, greatest at the medial aspect.

On April 18, 2012, MRI of the Right Knee, Impression: Tear in the posterior horn of the medial meniscus. Additional degenerative changes of the posterior horn of the medial meniscus are also noted. No other significant findings are noted.

On May 18, 2012, Operative Report by DO. Postoperative Diagnosis: 1. Medial meniscal tear right knee. 2. Chondromalacia of the patella right knee. 3. Chondromalacia trochlea right knee. 4. Degenerative arthrosis left knee. Procedures: 1. Right knee arthroscopy with arthroscopic meniscal repair. 2. Arthroscopic Chondroplasty patella. 3. Arthroscopic Chondroplasty trochlear right knee. 4. Steroid injection left knee.

On March 7, 2013, MRI of the Right Knee, Impression: 1. Anterior and posterior cruciate ligaments, medial and lateral collateral ligaments are intact. Loss of cartilage in the medial compartment. Marked truncation of the posterior horn medial meniscus an irregularity of the inferior articular surface noted. It makes it difficult to exclude a small meniscal tear. There appears to have been a previous partial meniscectomy when compared with 2009. 2. No joint effusion is seen. Mild loss of cartilage in the medial compartment both femoral and on the tibial plateau. Addendum: When compared to the previous study in 2012, there has been a partial meniscectomy, and there is no extrusion of the medial meniscus medially, 6 mm. Intermediate signal is noted in the posterior horn of the medial meniscus. It is representing either scar versus recurrent small tear.

On April 29, 2013, Operative Report by DO. Postoperative Diagnosis: 1. Medial meniscal tear, right knee. 2. Chondromalacia of the trochlear, right knee. 3. Chondromalacia of the patella, right knee. Procedures Performed: 1. Right knee arthroscopy. 2. Arthroscopic partial medial meniscectomy. 3. Arthroscopic Chondroplasty of the patella. 4. Arthroscopic Chondroplasty of the trochlea. 5. Microfracture, medial trochlea.

On June 25, 2013, the claimant was re-evaluated by DO for continued right knee pain with activity. On examination there was mild effusion noted. She was tender to palpation along the medial joint line. ROM was approximately 5 degrees to 120 degrees. She was stable to varus and valgus stress test. Negative anterior and

posterior drawer. Negative Lachman's. Negative McMurray sign with flexion and extension. Impression: 1. Status post right knee arthroscopy with partial medial meniscectomy and Chondroplasty of the patella and trochlear. 2. Osteoarthritis, right knee. Plan: Depo-Medrol injection of the right knee joint.

On July 12, 2013, the claimant was re-evaluated by DO who performed a Depo-Medrol injection of the right knee. Plan: Continue outpatient physical therapy.

On August 19, 2013, the claimant had a physical therapy re-evaluation by PT. It was reported the claimant's pain was fairly consistent at 3/10, some days goes to 5/10. She was taking Hydrocodone 2-3 times a day. Her ROM of the right knee was 0 to 125. Strength was 4/5 for the right hip flexors, knee flexors and extensors. Number of Visits to Date: 35 since 5/20/13. Progress Summary: The claimant was reported to have made good progress in ROM that month. Strength testing, pain, ambulation and function had not improved, although she had been able to progress weight with exercises. Plan: Recommend continued physical therapy 3 times a week for 4 weeks.

On August 20, 2013, the claimant was re-evaluated by DO who reported the claimant had one month of relief of painful symptoms following the cortisone injection. On physical examination ROM was good from 0 to 125. Stable varus and valgus stress. Negative anterior and posterior drawer. Negative Lachman's and McMurray's. 5/5 strength flexion and extension against resistance. Plan: Euflexxa series to the right knee and continue PT.

On August 26, 2013, MD completed a UR. Rationale for Denial: The records reflect that the injured employee has undergone arthroscopic surgery that included a medial meniscectomy and Chondroplasty. A number of physical therapy sessions have already been completed (35) and 2 additional sessions are scheduled. The physical therapy note indicates ongoing complaints of pain rated at 3/10. It is reported that the medication Hydrocodone is still being taken on a daily basis. Some improvement in range of motion is noted. There was no physician examination or assessment provided for review. This is an individual who underwent a meniscectomy and was noted to have a chondral defect. When noting the treatment plan parameters outlined in the applicable guidelines, the amount of physical therapy already completed is 300% of the recommended amount. Given that there is no current physician assessment, and noting the amount of therapy already completed, there is no clear clinical indication to continue this intervention. The last 2 sessions should be used to instruct the injured employee in home exercise protocol. Accordingly, this request is recommended for non-certification.

On August 27, 2013, PT wrote an appeals letter in which she indicated that the claimant's ROM had improved over the last month although her strength testing had not. It was reported she was able to tolerate a steady increase in resistance with her exercises without significantly increased pain. It was noted the claimant still had medial meniscal pain and for that reason, another series of Euflexxa

injections were being request by Dr. and that she would benefit from continued skilled PT intervention to further increase her strength and activity tolerance.

On August 30, 2013, MD completed a UR. Rationale for Denial: The additional documentation includes an appeal letter from the treating provider. The claimant has documented functional range of motion of 120 degrees of flexion, with 5/5 strength in flexion and extension against resistance per the most recent progress notes provided for review. The claimant has had extensive postoperative physical therapy. The guidelines would support 12 visits of physical therapy over 12 weeks for the postsurgical meniscectomy. There is no clinical documentation of significant deficit in the records reviewed supporting the need to exceed guidelines treatment recommendations versus continuation of a self-directed home-based exercise program.

On September 3, 2013, the claimant was re-evaluated by FNP-C who performed an Euflexxa injection into the right knee. Plan: Continue PT.

On September 11, 2013, the claimant was re-evaluated by FNP-C who reported she was not taking any pain medication and pain score was 3/10. She was full weight bearing and not using any assistive devices. She was experiencing swelling. Procedure Note: Euflexxa injection to the right knee.

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

The previous adverse determinations are upheld. The ODG supports 12 visits of PT over 12 weeks post meniscectomy. According to the documentation sent for review, the claimant has already undergone 35 sessions of PT which greatly exceeds the ODG recommended amount. There was no documentation of significant deficits that would warrant additional physical therapy. The request for Additional Physical Therapy 3x/week for 4 weeks Right Knee is denied.

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):

Medical treatment: 10 visits over 8 weeks

Post-surgical (closed): 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

Quadriceps tendon rupture (ICD9 727.65)

Post-surgical treatment: 34 visits over 16 weeks

Patellar tendon rupture (ICD9 727.66)

Post-surgical treatment: 34 visits over 16 weeks

Work conditioning

See [Work conditioning, work hardening](#)

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)**