



**MEDICAL EVALUATORS  
OF TEXAS** ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008  
800-845-8982 FAX: 713-583-5943

**Notice of Independent Review Decision**

**DATE OF REVIEW:** March 25, 2013

**IRO CASE #:**

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

*6 physical therapy visits 3x2w for right knee, #97110, #97112, #G0283*

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

This case was reviewed by a physician board certified in Physical Medicine and Rehabilitation currently licensed and practicing in the State of Texas.

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

<b>Type of Document Received</b>	<b>Date(s) of Record</b>
Office visit	02/04/2013
A therapy treatment order	02/14/2013
A letter	02/18/2013
A letter	02/18/2013
A letter	02/25/2013
A letter	02/27/2013
A letter	02/28/2013
An IRO request for the denied services of, "6 physical therapy visits 3x2w for right knee, #97110, #97112, #G0283"	03/07/2013

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**



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This is a female who sustained injury to her right knee on xxxx while she was grabbing luggage and a sharp object punctured her right knee. She was seen at which time she reported constant pain in her right knee. reported she had 2 sessions of physical therapy. Records indicated she was approved for 6 sessions but she stopped physical therapy since it was not helping. It is unclear from the records how many physical therapy sessions she completed. referred for MRI of the right knee which was denied. On 02/04/13, reported she had tenderness and swelling at inferior patella as well as decreased right knee flexion. Her right knee strength was 4/5. has recommended 6 visits of physical therapy for her right knee.

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

The ODG does recommend physical medicine treatment. It allows for a fading of treatment frequency and an active self directed home exercise program. Twelve visits over eight weeks are suggested. In this instance, the claimant stopped therapy after two visits. The benefit of physical therapy is not presented in the notes provided. It is not clear if the claimant was performing a home exercise program or had been shown a home exercise program. The claimant's job is categorized as Heavy labor. The claimant is currently not working. The request for therapy includes #97110, #97112 and #G0283.

The request for therapeutic exercise #97110 and #97112 are appropriate. The claimant stopped her therapy after 2 visits. It is not clear she was shown a home exercise program. In order for her to return to work as soon as possible, continued physical therapy to decrease pain, increase strength and increase conditioning is medically justified.

The ODG recommends electric stimulation as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. Osteoarthritis is a chronic degenerative disease of aging, which would not have been caused by the reported work injury. This claimant is young and there is not radiographic evidence of osteoarthritis. The code #G2083 is not medically supported by the notes or the 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.

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



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**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)