

Notice of Independent Review Decision

DATE OF REVIEW: August 20, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 Land-Based Physical Therapy Visits for the bilateral knees with re-evaluation between 07/02/2013 and 08/31/2013

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

This case was reviewed by a board certified Orthopaedic Surgeon 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

Type of Document Received	Date(s) of Record
Operative report	11/09/2012
Office visit	01/23/2013
Physical therapy notes	01/29/2013 to 08/13/2013
Office visit	02/27/2013
Office visit	04/10/2013
Office visit	06/19/2013
An adverse determination letter	06/25/2013
A reconsideration adverse determination letter	07/05/2013
Office visit	08/07/2013
A request for an IRO for the denied services of "12 Land-Based Physical Therapy Visits for the bilateral knees with re-evaluation between 07/02/2013 and 08/31/2013"	08/16/2013

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who fell and landed on his both knees at work on xx/xx/xx. He was diagnosed with bilateral patellar tendon repair and had left patellar tendon repair on



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10/19/2012 and right patellar tendon repair on 11/09/2012. He was then followed up with on 01/23/2013 at which time the incisions were healed without infection, good alignment of patella, but very poor range of motion of both knees. recommended physical therapy, which he started on 01/29/2013. He continued to follow up and was progressing well with good improvement in range of motion. A discharge PT note dated 07/15/2013 indicates he had 45 visits of physical therapy. is recommending an additional 12 land-based physical therapy which is denied by the insurance carrier.

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

This patient sustained a devastating bilateral extensor mechanism injury as a result of a work injury. He underwent staged bilateral patellar tendon repair 10/12 and 11/12. As would be expected in a bilateral injury of this nature, the postoperative rehabilitation has been prolonged. Per the attending physician's note, the patient had 0-120 degrees range of motion bilaterally and 4+/5 quadriceps strength at the last clinic visit. While the range of motion is improved from previous visits, the surgeon expects to gain an additional 10-20 degrees with some additional therapy according the last note. It is obvious that the patient is still symptomatic with giving way episodes, weakness, and 4+/5 quadriceps strength objectively on exam.

The ODG guidelines call for fading treatment frequency plus active self directed home PT, as well as 34 visits over 16 weeks. This obviously applies to a unilateral rupture, which I believe in the vast majority of cases would be totally adequate. In interpreting these guidelines as applied to this case, I do believe this necessarily applies to the case of a BILATERAL patellar tendon rupture. In reviewing the current literature, there are only about 50 reported cases of bilateral patellar tendon ruptures (Sibly et al. Am J Emerg Med. 2012 Jan;30(1):261.e3-5), and the majority of those cases occur in patients with predisposing factors (diabetes, steroid use, chronic renal disease, systemic lupus erythematosus, rheumatoid arthritis, etc) (Savarese et al, Musculoskelet Surg. 2010 Nov;94(2):81-8). Cases occurring in patients with no predisposing factors are exceedingly rare. In reviewing the available case reports, it is apparent to me that all of these cases required prolonged courses of physical therapy beyond what would be typically expected for a unilateral rupture.

In conclusion, I think it is apparent that the ODG guidelines clearly delineate the appropriate duration of therapy for a UNILATERAL rupture, but a BILATERAL rupture is a unique clinical situation clearly more severe and debilitating. I do not think the ODG guidelines clearly define what is acceptable in this situation. I think that the surgeon has established that the patient would benefit from an additional 12 sessions of therapy. Based on my discussion above, I would tend to agree and recommend overturn the previous adverse determination.



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The Official Disability Guidelines, Knee & Leg Chapter, Online Edition.

Physical medicine treatment

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.

Patellar tendon rupture (ICD9 727.66)

Post-surgical treatment: 34 visits over 16 weeks

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)

(Sibly et al. Am J Emerg Med. 2012 Jan;30(1):261.e3-5)

(Savarese et al, Musculoskelet Surg. 2010 Nov;94(2):81-8)