Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 12/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
The item in dispute is the prospective medical necessity of 18 sessions continued PT to Rt Knee.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 18 sessions continued PT to Rt Knee.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
Records were received and reviewed from the following parties: PT and Insurance

These records consist of the following (duplicate records are only listed from one source): Records reviewed from PT:
TPA for Ins:
Denial Letter – 11/14/12
Rehab Management:

Exercise Flow Sheet – 9/5/12-10/12/12
Functional Outcomes Scoring – 9/26/12
Patient Summary Form – 8/27/12
Physical Therapy / Daily Summary Note – 8/27/12, 9/5/12, 9/7/12, 9/10/12, 9/12/12, 9/14/12, 9/17/12, 9/19/12, 9/21/12, 9/24/12, 9/26/12, 9/28/12, 10/1/12, 10/3/12, 10/5/12, 10/8/12, 10/10/12, 10/12/12
Re-evaluation / Update Plan of Care – 8/27/12, 9/26/12
Physical therapy Association:
Optimal Difficulty-Follow-up-Re-exam/Discharge Notes– 8/27/12, 9/26/12
Confidence-Follow-up Re-exam/Discharge Notes – 8/27/12, 9/26/12
Exercise Routine (Chart copy) – 9/5/12
Orthopedic Consultants of North Texas:
PT Script – 10/19/12

Records reviewed from Insurance:
Rehab Management:
Request for Treatment Authorization – 10/22/12
TPA for Ins.:
Denial Letter – 10/25/12
LHL009 – 11/30/12

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:
According to available medical records, this male was injured on xx/xx/xx in a motor vehicle accident. Records indicate that there was a full quadriceps laceration on the right and the injured worker underwent surgery to repair the lacerated muscle. Records indicate that the worker underwent 24 sessions of physical therapy following surgery and his routine physical therapy was followed by ten sessions of work conditioning. The worker had continued pain in the knee and an MRI demonstrated a medial meniscus tear.

On August 3, 2012, the worker underwent surgery for a right knee synovectomy and partial medial meniscectomy. Records indicate that he was evaluated for postoperative physical therapy on August 27, 2012. At that time, range of motion of the knee was from 0° of extension to 111° of flexion. Knee flexion and extension strength was 4-/5. Pain was described as a level 2 to 3 on a scale of 0 to 10.

The worker received 17 postoperative physical therapy sessions. The last session noted in the medical record was on October 12, 2012. There is no description of the injured worker's condition at the time he completed his 17th physical therapy program. There is a re-evaluation note dated September 26, 2012 in which range of motion of the knee was described from +4° of extension

to 118° of flexion. Knee flexion strength was 4+/5 and knee extension strength was 4/5. Descriptions of pain indicated that the pain on that date of re-evaluation was 4 out of 10. On the last date of physical therapy, October 12, his pain was rated at 2/10.

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

This worker sustained an injury to his right lower extremity in a motor vehicle accident on xx/xx/xx . The initial injury described in available medical records was a full thickness laceration of the quadriceps mechanism. This was repaired and the injured worker had extensive therapy including 24 sessions of physical therapy and ten sessions of work conditioning. He continued to complain of pain and a partial tear of the medial meniscus was identified. He subsequently underwent surgery for a synovectomy and meniscectomy and then received another 17 sessions of physical therapy. Progress was made during the physical therapy program according to available medical records. Improvement occurred in range of motion as well as in strength of flexion and extension of the knee. Knee flexion was described as 4+/5 and knee extension was described as 4/5 during the latter part of his physical therapy sessions.

There is indication in the record that the injured worker had been advised to perform a home exercise program. The physical therapy note from September 17 indicated that the injured worker was “not doing all the home exercise program.” The note stated that he was “mostly only doing straight leg raises.”

This worker received a total of 34 sessions of therapy following his quadriceps repair. The ODG treatment guidelines recommend 34 sessions of post-surgical physical therapy for a patellar tendon rupture over a 16-week period of time. The therapy that the injured worker received following his initial injury would be considered within ODG Treatment Guideline recommendations. Following the meniscectomy, however, the injured worker received at least 17 physical therapy sessions. The ODG Treatment Guidelines recommend 12 post-operative visits over 12 weeks for surgery for a derangement of a meniscus. The injured worker has already exceeded the ODG Treatment Guidelines.

The record alludes to the fact that the injured worker has been provided a home exercise program, but was not consistently performing the program, at least as indicated by the note of September 17. There is no indication in the medical record of extenuating circumstances or complications which would require more than the recommended therapy sessions. This record does not support the need for continued physical therapy. The injured worker should be able to make progress towards establishing goals if he continues with the prescribed home exercise program. Therefore, the requested service is not medically necessary.

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)**