



Notice of Independent Review Decision

January 17, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

9 visits of physical therapy visits left knee

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

American Board of Orthopaedic 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- 8-27-12 office visit.
- 9-10-12 Physical Therapy Evaluation.
- 10-10-12 Physical Therapy Re-Evaluation.
- 10-22-12 office visit.
- Physical Therapy on 11-2-12, 11-7-12, 11-12-12, 11-14-12, 11-16-12, 11-19-12, 11-20-12, 11-21-12, 11-26-12, 11-28-12, 11-30-12, and 12-3-12.

- 12-6-12 Letter.
- 12-14-12 Letter.
- 1-9-13 Letter.

PATIENT CLINICAL HISTORY [SUMMARY]:

8-27-12 the claimant is status post left knee pain. Overall, doing okay. He is reporting some calf pain, in mid calf and feels like a strain. Otherwise no further complaints. Surgery: Left knee arthroscopy, debridement, partial synovectomy, chondroplasty, and partial meniscectomy, date of surgery was 8-16-12. Physical Examination: Left lower extremity, incision is clean, dry, and intact with sutures in place. Sutures were discontinued without any complication. Mild calf, tenderness with palpation. Negative Hoffmann sign. Positive EHL, FHL, GS, and TA. Assessment-Plan: The evaluator will send the claimant for duplex ultrasound and PT. Await for results. He will come back if negative. The evaluator will have him follow up in 6 to 8 weeks with physical therapy.

9-10-12 Physical Therapy Evaluation.

10-10-12 Physical Therapy Re-Evaluation.

10-22-12 the claimant is here for follow up of left knee arthroscopy. States he is still undergoing rehab exercises. Still having problem with his right having used crutches to ambulate. He has not returned to work because his job cannot accommodate him being on crutches. Still experiencing some swelling on the right leg. Physical Examination: Bilateral knees reveal limited range of motion at extremes secondary to discomfort. Atrophic VMO on the left. The claimant does have some dependent swelling on the right but no calf pain. Both knees have discomfort at extreme range of motion. Well-healed portal wounds regarding the left knee. Diagnosis: Bilateral knee pain post work-related injury, bilateral knee meniscal tears, and bilateral knee chondromalacia. Plan: The claimant is doing fair regarding both knees. He is

progressing slowly regarding the left knee. The evaluator recommended continuing rehab exercises for both. The evaluator recommends he wear himself down to one crutch or cane and not be dependent on both crutches but he feels unsteady without both. The evaluator will put him back to light duty at work if his job can accommodate restrictions. In the meantime, no vigorous maneuvers involving the bilateral extremities. The evaluator will see him back in 2 months for repeat exam. Further recommendation and management depending on how he does upon return. The claimant voiced understanding of my instructions.

Physical Therapy from 11-2-12 through 12-3-12 (12 visits)

11-9-12 Physical Therapy Re-Evaluation.

12-6-12 This letter is in reference to the patient and the request for physical therapy left knee. This request has been evaluated against individual treatment protocols that are evidence-based, scientifically valid, and outcome-focused and internally derived treatment guidelines, if applicable. This letter will serve as written notice that the evaluator is unable to authorize this request based on the clinical information provided. The evaluator has been unable to speak with you and the clinical information available for our review does not meet preliminary guidelines. The claimant DOI: xx/xx/xx 1454 EST left a message en nurse line voicemail. EST left a message on voicemail. Request for physical therapy left knee x 9 visits. The claimant has had 24 visits. The claimant is status post EUA, diagnostic arthroscopy with debridement, partial synovectomy, chondroplasty, partial meniscectomy on 8-16-12. There are no post operative MD notes provided for my review, will need current MD and physical therapy notes with detailed and objective physical examination findings and documentation of claimant's objective response to prior physical therapy to adequately support and guide request for additional. Given the lack of current and sufficient clinical information and direction from the MD, request not medically necessary. Refer to ODG section on meniscal tear subsection under post operative physical therapy.

12-14-12 This letter is in reference to a request for physical therapy left knee that the evaluator non-authorized on 12-5-12. A reconsideration request was received on 12-10-12. The evaluator is unable to authorize this reconsideration based upon the clinical information available and/or his discussion. The claimant is a male who sustained a work related injury to his left knee on xx/xx/xx. The claimant is status post an examination under anesthesia (EUA), left knee diagnostic arthroscopy with debridement, partial synovectomy, chondroplasty, partial meniscectomy on 8-16-12. The claimant has attended 12 post operative therapy sessions. The claimant complains of severe pain that increases with weigh bearing (WB) activity. The claimant is using crutches. He is unable to achieve extension secondary to increased pain. Physician recommends the claimant continue physical therapy to increase AROM and MMT, decrease pain, increase function. Review Outcome: Non-

certification of 9 visit(s) physical therapy left knee. The 9 visit(s) physical therapy left knee are not medically necessary/appropriate. The claimant has not been seen by the Dr. since October, 2012. There have been 24 visits of PT. There was no recent exam to determine the claimant's current deficits that would warrant continued supervised PT versus a transition to a HEP versus an FCE and possible work program. The claimant had meniscus debridement and had persistent knee deficits. A current exam to determine objective response to therapy and current deficits is recommended.

1-9-13 This letter is filed in response to the Request for IRO recently received regarding the request for medical dispute resolution filed. Additional information relevant to this dispute is attached as Exhibit 1. This Exhibit may include references to Texas Department of Insurance, Division of Workers' Compensation ("Division") policies or guidelines. Texas Labor Code § 413.011(a) adopts Medicare policies and guidelines, including medical necessity guidelines. Under § 413 .031 (e-), an IRO is required to consider these Medicare policies and guidelines, and other policies and guidelines adopted by the Division. In addition to the Medicare policies and guidelines, the Division has now adopted the Official Disability Guideline (ODG) treatment guidelines as of May 1, 2007. It complies with the requirements of Texas Labor Code and 413.011(e) that such guidelines be "evidence-based, scientifically valid, and outcome-focused and designed to reduce excessive or inappropriate medical care while safeguarding necessary medical care." Under § 413.031(c-1), If the independent review organization's decision is contrary to the division's policies or guidelines adopted under Section 413.011, the independent review organization must indicate in the decision the specific basis for its divergence in the review of medical necessity."

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

Medical records reflect the claimant is status post left knee arthroscopy, debridement, partial synovectomy, chondroplasty, and partial meniscectomy. The date of surgery was 8-16-12. Based on the records provided, he has undergone 12 physical therapy sessions. There has been no followup with the treating provider noting his progress. There is no indication as to why this claimant cannot be transitioned to a HEP. Additionally, per ODG, this claimant has already exceeded physical therapy ODG recommendations. There is no information of objective data as to why this claimant has not progressed. Therefore, the request for 9 physical therapy sessions for the left knee is not reasonable or medically necessary.

Per ODG 2012 Physical therapy:

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

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)**