



MedHealth Review, Inc.

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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 6/18/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 12 visits of physical therapy to the right 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. The reviewer has been practicing for greater than 10 years.

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 12 visits of physical therapy to the right knee.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 5/31/13 letter from, 4/30/13 denial letter, 5/7/13 letter recognizing appeal of services, 5/9/13 denial letter, 4/30/13 report, 5/9/13 report, 4/16/13 preauth request sheet, 4/11/13 PT plan of care, 4/10/13 PT progress notes, 4/11/13 PT eval, 3/7/13 operative report, 4/29/13 WC

authorization request form, 4/22/13 PT script by Dr., and 4/26/13 sports medicine initial evaluation report.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant with DOB xx/xx/xx reported an injury xx/xx/xx complaining of right knee pain. He did have a total knee replacement on 3/7/13 with 27 post op physical therapy visits. His pain is 2-7/10. He does have some gluteus maximus and gluteus minimus weakness. There is a request for additional physical therapy for quadriceps and hamstring strengthening.

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

The documentation provided does not support the request for additional physical therapy. The ODG knee chapter does address physical therapy following a total knee replacement. The recommendation for post-surgical physical therapy is 24 visits over 10 weeks. The recommendation is for fading frequency plus active self-directed home physical therapy. This claimant has had 27 post-operative physical therapy visits.

Physical therapy should also document functional progress. Without this documentation, additional physical therapy cannot be approved. Therapy notes and goals should be reviewed and defined by the treating physician. The documentation provided does not show that there has been functional progress.

The ODG does recommend home exercises. Following physical therapy the patient should transition to a home exercise program and resume normal daily activities. There is no indication that this claimant could not continue independently on a home exercise program.

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more 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, including assessment after a "six-visit clinical trial".

MD Guidelines, MDA: Ideally, rehabilitation begins before total knee replacement surgery by assessing the individual's medical and social condition to determine what might be required postoperatively for a successful outcome. The main goal of the rehabilitation is to restore function by controlling pain, improving range of motion, and strengthening the knee.

Individuals who undergo total knee replacement require both physical and occupational therapy. Occupational therapy is needed after surgery for

instruction in all transfer training, equipment needs, and activities of daily living modifications. The occupational therapist should assess and train individuals in use of equipment such as an elevated commode, tub seat, reacher, long-handled shoe horn, and long-handled sponges, because these facilitate activities of daily living in the postoperative period.

Physical therapy begins in the hospital and continues on an outpatient basis. The first goal of physical therapy is to control of pain, initiate ambulation and begin range of motion of the operative knee. Preoperative gait instruction might facilitate early postoperative ambulation. Weight bearing status is determined by the physician's protocol, and individuals may use assistive devices as needed for independent ambulation on level and uneven surfaces. Cold packs may be used to decrease pain and swelling, with care used to protect the surgical wound.

The second goal of physical therapy emphasizes full knee range of motion. Range of motion restrictions are determined by the surgical approach and type of prosthesis to protect the prosthesis and surrounding soft tissue. Common clinical practice includes use of continuous passive motion machines combined with physical therapy to facilitate recovery and knee motion.

Physical therapy's final goal is to increase knee and hip strength, normalize gait, and increase functional abilities. Because many individuals experience an abnormal (antalgic) gait or limb weakness preoperatively, continued gait training and strengthening exercises may take longer than anticipated. All weight bearing and exercise should be continued under the direct guidance of the surgeon to protect the integrity of the knee prosthesis. Besides undergoing supervised rehabilitation, the individual should be instructed in a home exercise program to be practiced daily, and continued independently under physician supervision after the completion of rehabilitation.

FREQUENCY OF REHABILITATION VISITS

Surgical Specialist Physical or Occupational Therapist	Knee Replacement, Total Up to 24 visits within 12 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)
MD GUIDELINES, MEDICAL DISABILITY ADVISOR