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Notice of Independent Review Decision

**Date notice sent to all parties: 3/6/13**

**IRO CASE #:**

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

physical therapy and gait training program 10 sessions 3X a week bilateral knees  
97116x4 to improve ability to walk without crutches or a cane

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

Texas Licensed Chiropractor

**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:**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

presented to XXXX on xxxxxx. Right knee x-rays revealed mild tricompartmental degenerative changes within the knee. Left knee x-rays revealed no fractures or dislocations. Left ankle x-rays revealed subtle osteophytic fragment at the distal segment of the medial malleolus, which may be related to prior injury. She presented to Elite Healthcare & Rehabilitation on 04/16/12. Ten sessions of physical therapy were requested.

Included acute pain interfering with function and partial impairments due to injury. There are also diagnoses that included muscle spasm, gait alterations, bilateral knee instability, restricted joint motion, and muscle weakness.

The claimant presented to XXXX on 04/23/12. An MRI of the knee was provided revealing small subcortical bone contusion in the anterior aspect of the lateral femoral condyle and abnormally small medial meniscus with the majority of the body and anterior horn apparent to be absent. This may be due to previous meniscectomy.

An MRI was provided at XXXX on 04/23/12 revealing almost completely absent medial meniscus and only a small remnant of the posterior horn that may be due to a prior meniscectomy. There was also moderately severe diffuse chondromalacia in all knee compartments with a small area of subcortical bone marrow edema in the lateral tibial plateau. The anterior cruciate ligament appeared to be intact with increased signal, which may be representing diffuse myxoid degeneration. The claimant underwent a left knee diagnostic arthroscopy with anterior cruciate ligament repair at XXXX on 07/10/12. Further physical therapy services were requested by XXXX three times per week for four weeks. On 08/06/12, pain level was rated as an 8 to 9/10. The claimant was reporting 25% symptom relief from medication.

A follow up report was provided by Dr. on 08/27/12. It was noted that she was doing fairly well since her last visit. She rated her left knee pain as 6/10. It was described by Dr. and was medically necessary for her to continue on her current treatment regimen. She was given a script for Elavil. Further rehabilitation services three times a week for three weeks were requested by XXXX on 09/04/12. It was noted that they were requesting nine sessions of aggressive physical therapy to include aquatic exercise. An initial clinical behavioral health assessment was provided by XXXX on 10/17/12. It was noted that it was the opinion of the treating physician that the claimant may be suffering stress-induced symptoms or rather emotional factors.

It was recommended for the claimant to undergo cognitive therapy for general stress. Six sessions over eight weeks was recommended.

The claimant presented to XXXX on 10/09/12 and underwent a diagnostic ultrasound to the left knee. Impressions included OA of the knee, hypoplastic menisci, and prepatellar edema. Further physical therapy sessions were recommended by Elite Healthcare on 10/29/12. A physical performance evaluation was provided by Green Diagnostics, Inc. on 10/30/12. Impressions were that the claimant demonstrated consistent effort during testing. Lifting pain was noted at above moderate. Repetitive biomechanics were 70% of norms. Treadmill score was

4. Gait ability was improved. She did not demonstrate the ability to perform her job as objectively outlined by the functional testing and she continues to demonstrate clinical signs and symptoms of dysfunctional right knee and surgically repaired left knee.

A designated doctor examination was provided by Dr. on 12/05/12. Extent of injury was limited to bilateral knee sprain/strain, right knee subcortical bone marrow edema, lateral tibial plateau, and left knee subcortical bone contusion anterior aspect lateral femoral condyle, all of which were reasonably a function of the 04/01/12 compensable injury. Multiple preexisting conditions including Turner's syndrome, hypertension, diabetes, and anxiety were concluded to not have worsened on either a temporary or permanent basis by the compensable injury. Lumbar sprain/strain was excluded from

the extent of injury. The following other conditions were also deemed as not part of extent of injury; right knee absent medial meniscus; right knee moderately severe diffuse chondromalacia right ACL ligament with myxoid degeneration; left knee torn ACL, torn PCL, torn medial meniscus, torn lateral meniscus, and synovitis with adhesions. Therefore, the extent of injury was limited to right knee sprain/strain, right knee bone marrow edema in the lateral plateau; left knee sprain/strain and left knee subcortical bone marrow contusion. MMI was therefore reached on 04/30/12 and there was zero percent whole person impairment. According to MDG, the claimant was able to return to work as of 12/05/12.

Further physical therapy sessions were requested by Elite Healthcare on 12/18/12 consisting of 12 initial sessions of gait specific training. A physical performance evaluation was provided by XXXX on 12/21/12. She displayed consistent effort during examination, but it was concluded that she was an appropriate candidate for her gait. A gait training program x9 sessions. Records from XXXX indicate that the claimant underwent six therapy sessions. Further psychotherapy sessions 4/6 weeks started on 01/14/13, lasting until 02/28/13. The claimant continued undergoing physical therapy treatments at XXXX. A reconsideration letter of medical necessity from XXXX was dated January 21, 2013. This was for reconsideration request for gait training.

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

The documentation reviewed does not support medical necessity for any further physical therapy and gait training program. The claimant already reached MMI as of 04/30/12 with zero percent impairment. The extent of injury was limited to knee sprain/strain and contusion. Within reasonable medical probability, the claimant's ongoing gait and functional impairments are related to her extensive preexisting degenerative and/or congenital conditions that were not significantly worsened as a result of her 04/01/12 work related injury. According to the ODG treatment physical medicine guidelines, nine visits over eight weeks may have been medically necessary. The ODG guidelines allows for a feeding of treatment frequency plus active self-directed home PT. It appears that the claimant has already exhausted all recommended physical medicine treatments in regards to what is supported by ODG. It is not reasonable that any further treatments would be medically necessary in regards to the 04/01/12 work related injury for it would more reasonably be the result of preexisting conditions not related to that work related injury.

**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)**