

# CASEREVIEW

8017 Sitka Street  
Fort Worth, TX 76137  
Phone: 817-226-6328  
Fax: 817-612-6558

Notice of Independent Review Decision

[Date notice sent to all parties]: September 10, 2013

**IRO CASE #:**

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

8-12 Sessions (2-3 times a week for 4 weeks) of Physical Therapy for the Left Knee

97033 Iontophoresis, 15 min  
97035 Ultrasound, 15 min  
97110 Therapeutic Exercise  
97140 Manual therapy techniques: ea. 15 min  
97150 THER PX GRP 2/>INDIVS  
G0283 E-Stimulation

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

This physician is Board Certified in Occupational Medicine with over 14 years of experience.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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:**

04/14/13: MRI Left Knee  
04/22/13: Evaluation  
05/21/13: Evaluation  
05/30/13: PT Daily Progress Note  
06/03/13: PT Daily Progress Note  
06/05/13: PT Daily Progress Note

06/07/13: PT Re-Evaluation  
06/10/13: Evaluation  
06/21/13: UR performed  
08/05/13: Progress Note  
08/12/13: UR performed

**PATIENT CLINICAL HISTORY [SUMMARY]:**

On April 14, 2013, MRI of the Left Knee, Impression: 1. Anteromedial medial tibial plateau bone contusion. 2. No ligament or meniscus tears.

On April 22, 2013, the claimant was evaluated for left knee pain after falling at work on xx/xx/xx. She was referred who had prescribed ibuprofen 600 mg and chiropractic adjustments. On physical examination she had some pain on the talar tip and on the medial tibial plateau. She had good range of motion and no swelling or other problems. Diagnosis: Contusion of knee and lower leg. Recommendations: A rebounder brace was recommended to help her control some of her patellofemoral symptoms and give some support and protection. She was also instructed to continue with physical therapy.

On May 21, 2013, the claimant was re-evaluated for continued left knee pain with reports of instability and giving way causing her to almost fall several times. On physical examination she still had patellofemoral tenderness and was having some increasing quadriceps atrophy. She was neurologically as well as neurovascularly intact. There was no other ligamentous problems other than the patellofemoral joint. Diagnosis: 1. Chondromalacia of the patella. 2. Internal derangement of the knee. Recommendation: Continue with physical therapy and again recommended a rebounder brace to help control the patellofemoral symptoms and give her more stability to the knee so that she would not fall and injure herself more.

On June 7, 2013, the claimant had a physical therapy re-evaluation by PT who reported she had approximately 1 month of physical therapy treatments. It was noted the claimant continued with mild left lateral knee pain that was described as an intermittent aching pain. She reported no locking, clicking or popping at that time, nor buckling and only occasional to no swelling. Pain and swelling were reported to be usually worse in the afternoon or evening. She was reported to exhibit minimal to no swelling and mild atrophy of the lower extremity. She had some difficulty with ambulation including stairs due to continued pain and weakness. She exhibited a mild limp with ambulation. On 5/1/13, knee flexion was recorded as 105 degrees and extension as 0 degrees. During the re-evaluation, flexion was recorded as 125 degrees with 0 degrees of extension. The claimant demonstrated a quad set of FAIR during the re-evaluation strength test. She also demonstrated a VMO contraction of Poor. Assessment: She had done well with physical therapy treatments thus far and is responding to Kinesio Taping. She still had weakness in the quad and LE generally. She was making progress and had tolerated treatments well. Plan: Continue with the PT treatments as outlined on the original POC. It was recommended she continue with the PT treatments 2-3 times per week for 4 weeks.

On June 10, 2013, the claimant was re-evaluated for left knee pain and a significant amount of quadriceps shut down because of the compensable injury. On physical examination she had patellofemoral tenderness and quadriceps atrophy. Recommendations: felt overall she was improving, but thought that she did have a significant amount of quadriceps atrophy which he felt was causing most of her problems. He recommended continuing with her physical therapy as well as taping/bracing.

On June 21, 2013, performed a UR. Rationale for Denial: Claimant has had 12 PT in the past. She should be doing active home exercise per ODG.

On August 12, 2013, performed a UR. Rationale for Denial: Additional records were not provided for review. The guidelines would support 12 visits of physical therapy over eight weeks for a knee strain. The claimant has had 12 sessions of physical therapy to date with no significant documentation or objective quantification of weakness, subjective reports of pain, or deficits in range of motion to support physical therapy. Records do not reflect the clinical necessity of ongoing formal therapy versus an aggressive home exercise program. The request for reconsideration of 8 to 12 sessions of physical therapy, two to three times a week for four weeks, to the left knee is not certified.

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

The previous adverse determinations are upheld. She has had the recommended visits of physical therapy over eight weeks with no significant improvement or documentation other than minor increments in flexion, subjective reports of pain. Records do not reflect the medical necessity of ongoing supervised therapy as she should be on a home exercise program as recommended by the ODG. The request for 8-12 Sessions (2-3 times a week for 4 weeks) of Physical Therapy for the Left Knee is not certified.

PER ODG:

#### **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](#).

**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

**Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear)** (ICD9 844; 844.2):

Medical treatment: 12 visits over 8 weeks

Post-surgical (ACL repair): 24 visits over 16 weeks

**Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella;**

**Tibialis tendonitis** (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):

9 visits over 8 weeks

Post-surgical: 12 visits over 12 weeks

**Pain in joint; Effusion of joint** (ICD9 719.0; 719.4):

9 visits over 8 weeks

**Arthritis (Arthropathy, unspecified) (ICD9 716.9):**

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks

**Abnormality of gait (ICD9 781.2):**

16-52 visits over 8-16 weeks (Depends on source of problem)

**Fracture of neck of femur (ICD9 820):**

Post-surgical: 18 visits over 8 weeks

**Fracture of other and unspecified parts of femur (ICD9 821):**

Post-surgical: 30 visits over 12 weeks

**Fracture of patella (ICD9 822):**

Medical treatment: 10 visits over 8 weeks

Post-surgical (closed): 10 visits over 8 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

**Fracture of tibia and fibula (ICD9 823)**

Medical treatment: 30 visits over 12 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

**Amputation of leg (ICD9 897):**

Post-replantation surgery: 48 visits over 26 weeks

**Quadriceps tendon rupture (ICD9 727.65)**

Post-surgical treatment: 34 visits over 16 weeks

**Patellar tendon rupture (ICD9 727.66)**

Post-surgical treatment: 34 visits over 16 weeks

**Work conditioning**

**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)**