

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: September 3, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy: 12 Additional post-op Physical therapy visits to right knee CPT 97110, 97112, 97140, 97530

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

This physician is board certified in Physical Medicine and Rehabilitation with over 22 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:

01-15-13: Injury/Follow-up Appointment
01-15-13: Re-Evaluation & Plan of Care
01-22-13: Injury/Follow-up Appointment
01-29-13: Injury/Follow-up Appointment
02-15-13: Injury/Follow-up Appointment
02-12-13: Injury/Follow-up Appointment
02-19-13: Injury/Follow-up Appointment
03-06-13: Injury/Follow-up Appointment
06-14-13: Injury/Follow-up Appointment
07-12-13: Progress Encounter at Physical Therapy
07-12-13: Physical Therapy Prescription
07-26-13: Progress Encounter
07-30-13: Progress Encounter

08-01-13: Progress Encounter
08-07-13: Progress Note
08-07-13: Request for Pre-Authorization
08-08-13: UR performed
08-12-13: Re-Consideration Request
08-13-13: Appeal/Reconsideration Request Letter
08-15-13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male that suffered a right knee injury on xx/xx/xx when he twist his right knee. He underwent meniscus repair surgery on 7/11/13 and is referred to physical therapy. Claimant currently is off work with restrictions.

01-15-13: Injury/Follow-up Appointment. Claimant presented with R knee pain and stated he recently started using a cane for walking assistance and has been applying ice and heat for comfort. He reported pain increases with walking. Examiner's Notes: S) Feels like needles are stabbing him in the R knee when he walks, pain increase over time. C/O swelling in R knee and pain 5-6/10 when sitting, and pain with elevating R knee. He is currently using a hinged knee brace. O) R knee: no significant swelling noted with complaints of point tenderness to medial particularly light patella. Assessment: R knee strain vs. ligament damage. Treatment Plan: MRI R knee, continue hinged knee brace to use while he is weight bearing, refer to PT to eval and treat. Medications: Ultram 50mg PO QID PRN pain.

01-15-13: Re-Evaluation & Plan of Care. Chief complaint: right knee pain and stiffness. Objective: Claimant reported pain 10/10 with activity and 7/10 at rest. He is very tender along the medial knee and patellar tendon and there is significant muscle guarding and deep spasm in the associated muscles. AROM: right knee: flexion: 60/135, extension: -20/0; Strength: right knee: 3-/5; Observation: claimant walks with a stiff, antalgic gait, limping with crutches and showing limited right knee flexion, the right knee is swollen. Assessment: There is moderate R knee muscle guarding and spasm. He tolerates soft tissue pressure to min depth penetration. The claimant has poor understanding of how to manage this condition at home. He will benefit from structured PT to resolve these deficits and return to previous level of functioning. Short Term Goals: 1. Increase R knee flexion to 120/135, 2. Increase R knee strength to 3+/5, 3. Decrease R knee pain w/activity to 5/10, 4. Decrease R knee muscle spasm to moderate, 5. Demonstrate independent HEP management, 6. Decrease R knee swelling by 50%. Long term goals: 1. Eliminate R knee pain and spasm, 2. Restore R knee strength to 5/5, 3. restore normal gait pattern, 4. Return to full unrestricted activities without symptoms, 5. restore R knee ROM to WNL, 6. Eliminate R knee swelling. Rehab Potential: claimant's rehabilitation potential is good. Plan: Claimant will be seen 3x week x 4 weeks for Evaluation and Treatment of the R knee. He will be progressed with therapeutic activity and exercise intensity, modalities, neuro re-ed, and manual therapy, as tolerated, to achieve maximum rehabilitation outcome. Claimant will receive progressive, ongoing, home program instructions to perform between visits to the clinic.

01-22-13: Injury/Follow-up Appointment. Claimant was changed to ibuprofen 800mg PO TID PRN pain due to c/o upset stomach. Claimant stated he did not take ibuprofen because he stated is has Aspirin in it. He stated that walking increases R knee pain, continuous steady pain, and he has still had swelling. Pain increased when lying down, decreases with Tramadol. Examiner's Notes: Claimant is not taking ibuprofen d/t ASA allergy and reported Tramadol helped with pain. R knee: C/O point tenderness to light palpation of medial distal patella, C/O pain with ROM. Assessment: R knee strain vs. ligament damage. Treatment Plan: R knee x-ray apparent negative, continue to use hinged knee brace when weight bearing, continue Tramadol for pain.

01-29-13: Injury/Follow-up Appointment. Claimant stated he is not feeling good today after physical therapy and complained of some pain in his right groin area and left hip contributed to the way he is walking. Pain increases with putting on shoes and certain ways he steps, decreases with a hot bath, rated 7-8/10. Examiner's Notes: R groin pain with movement since starting PT, C/O pain to medial R knee when walking, C/O increased pain since last visit, C/O R gluteal pain that increased with walking. R knee: C/O severe pain to medial anterior knee to medial and lateral pressure, C/O severe point tenderness to light palpation of anterior medial knee. Flexion is 100 degree and pain at 40 degrees, extension of 45 degrees with C/O pain. Positive McMurray test noted for meniscus tear. Assessment: R knee probable meniscus tear. Treatment Plan: MRI R knee, continue PT, noted PT reported claimant is not progressing well, use crutches while weight bearing, Norco 10/325 PO QID PRN pain >5/10, continue Ultram QID PRN pain of <5/10, follow-up in 1 week.

02-15-13: Injury/Follow-up Appointment. Claimant stated pain has increased in R knee with c/o popping, crutches are helping. Pain increases with putting boot on and rated 6/10. Examiner's Notes: stiffness and popping in the R knee noted. R knee: swelling noted, c/o pain to light palpation and medial rotating, McMurray sign continues to be positive to lower extremity, crepitus noted with ROM. Assessment: R knee strain vs. meniscus tear. Treatment Plan: continue PT, crutches and hinged knee brace, Follow-up in 1 week.

02-12-13: Injury/Follow-up Appointment. Claimant stated his R knee feels stronger but he is still pain and numbness on left side of torso that runs from a few inches below his back, left ankle pain r/t compensating. Examiner's Notes: S) numbness left side that radiates to left flank off and on since 12/24/12, left knee pain with walking. Pain to medial patellar and spasms noted. R knee: slight swelling around the patellar, c/o pain to light palpation of medial patellar, positive McMurray sign, positive Bounce Home Test, light discoloration in patellar area at site of tenderness. Assessment: R knee strain worsening, suspect meniscus tear. Treatment Plan: continue hinged knee brace with weight bearing, MRI R knee as PT is not working and he has NSAID allergy, continue medications, Follow-up in 1 week.

06-14-13: Injury/Follow-up Appointment. Claimant complained of right knee pain all day and reported leg getting swollen and throbbing pain. Pain reported at 6/10, increases with walking short distances, and decreases with ice packs. He has been seen by several doctors due to his white blood count. Examiner's notes: S) Right knee surgery delayed due to increase in WBC, per his urologist he always has an elevated WBC and it is okay to proceed with surgery. Pain is not decreasing. Right knee: c/o pain to light palpation and ROM. Assessment: Medial meniscus tear, possible bucket handle tear. Follow-up as scheduled. Treatment Plan: right knee surgery pending, continue Norco and Ultram.

07-12-13: Progress Encounter. Chief complaint R knee pain and stiffness. Plan: progress with POC as outlined in the evaluation. Evaluation will be submitted for authorization of treatment. G Code: mobility, walking & moving around; modifier CM. Current status: 80-100% CM and Projected goal: 0% CH; G code modifier selection The G code modifier was determined by clinical judgment, manual muscle tests, goniometric measuring, palpation, and observation of functional activity.

07-12-13: Physical Therapy Prescription. Diagnosis: S/P Meniscus Tear Excision. Evaluate and Treat, progress as tolerated 3x per week for 4 weeks.

07-26-13: Progress Encounter. Claimant reported concern about edema in R knee. HEP instructions outlined. Modalities include: IFC to knee x 15 min, CP to knee following treatment x 10 min. Therapeutic activities include: progressive stretching for the R knee flexion and extension, patellar motions all directions and ankle gastroc soleus complex stretch x 20 reps 15 min. Therapeutic exercise includes: QS 7 sec holds x 15 min, ball squeeze, 3x10, x 5 min, A.A. heel slide 10x x 5 min, total gym, level 7, partial squats, x 10 min, bike w/partial to full ROM w/o resistance x 8 min, clutch yellow t-band seated 3x 10 reps 5 min hold, TKE, blue tband, 3x10, x 5 min. Neuromuscular Re-education includes: sitting, TILT board for weight shift side to side w/ knee flexion/extension x 20 reps each 10 min. Assessment: The edema is only slightly more than average, so not a major concern. Plan: continue with plan as outlined.

08-07-13: Progress Note. Total visits: 5, no missed visits. Claimant reported that the pain continues. He showed good AROM improvement. He is concerned about some patellar popping, but quad strengthening should help reduce this. Cont PT. Measurements: Pain: 5-6/10, AROM knee flex: 90/135, EXT: -5/0. Treatment Plan/Recommendations: continue with PT 3x/week x 4 weeks, 8 visits remain under script.

08-07-13: Request for Pre-Authorization. Request for Physical therapy 3x4-97110, 97112, 97140, 97530; combination of 4 units per session.

08-08-13: UR performed. Reason for denial: The request for 12 Additional post-op Physical therapy visits to Right Knee SPT 97110, 97112, 97140, 97530 is not medically necessary and appropriate. The claimant had 12 prior sessions of post op PT without documentation of sustained functional improvement and should be

progressed to an independent HEP focusing on stretching/strengthening and use of hot/cold packs for pain/spasms. There is no indication of complication to recovery, co-morbidity, or extenuating clinical circumstances that would support continued physical therapy beyond the possible exceeded guidelines. Additionally, there are no findings of progressive deficits that would support need for further physical therapy. Continued therapy should be based upon quantifiable and progressive functional improvement objectively. The requested 12 visits are not indicated because the duration and frequency is too long for a HEP. In addition, chart notes lack documentation to support: 97112 (neuromuscular reeducation), 97140 (manual therapy), and 97530 (therapeutic activities – this code is used for treatment promoting functional use of a muscle, muscle group, or body such as in patients with rotator cuff repair or herniated disc.

08-12-13: Re-Consideration Request. Request for Physical therapy 3x4-97110, 97112, 97140, 97530; combination of 4 units per session.

08-15-13: UR performed. Reason for denial: There is no objective evidence in the chart as to why further therapy is required. Medical necessity is not supported by ODG. At most, the claimant should be allowed 12 PT visits, which he has received and has progressed well. Therefore, the request for 12 Additional Physical therapy visits to right knee CPT 97110, 97112, 97140, 97530 is not medically necessary and appropriate.

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

Previous adverse decisions of 12 additional Post operative PT visits including 97110, 97112, 97140 and 97530 is UPHELD/AGREED UPON since request exceeds ODG recommended number of visits for submitted diagnosis (12 post operative meniscus injury PT visits over 12 weeks) and clinically there is lack of information regarding progress in range of motion and strength with no physical data such as degrees of range of motion or MMT (Manual Muscle Testing) to compare initial to most current numbers to gauge progress therapy. Therefore, after review of the medical records and documentation provided the request for Physical Therapy: 12 Additional post-op Physical therapy visits to right knee CPT 97110, 97112, 97140, 97530 is not medically necessary for additional visits beyond ODG for residual deficits and is denied.

Per ODG:

Physical medicine treatment	<p>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.</p> <p>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</p> <p>Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear)</p>
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	<p>(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 See Work conditioning, work hardening</p>
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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)**