



**MEDICAL EVALUATORS  
OF T E X A S ASO,LLC.**

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800-845-8982 FAX: 713-583-5943

**Notice of Independent Review Decision**

**NOTE:** The report was amended on 11/18/2014 since the case no. noted on the report dated 10/30/2014 was incorrect.

**DATE OF REVIEW: October 30, 2014**

**DATE AMENDED: November 18, 2014**

**IRO CASE #:**

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

Physical Therapy - 8 Total Visits 2 Times Per Week

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the state of Texas.

**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)

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a female who sustained a left knee injury at work on xx/xx/xx. She was diagnosed with a partial ACL tear and chondromalacia of the patella. Medication treatment includes Acetaminophen 500 mg, Meloxicam 7.5 mg, Aleve, Ibuprofen, Melatonin, and Trazodone. On 09/02/2014, a physical therapy note documents the patient has completed 7 out of 8 authorized visits with 13 total cumulative visits. The patient reported the left knee was hurting a lot after prolonged walking at work and she could barely move it. The range of motion was within normal limits with 4-/5 muscle performance and regular activity with no restrictions.



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On a progress note dated 09/24/2014, the patient states she has gotten a little better but that the pain comes and goes. She feels stiffness in the back of the knee and cannot bend. She has been seeing orthopedic doctor, who has given her intra-articular injections of cortisone. The pain is reported as 3/10. Objective findings on examination reveal there is no radiation. There is tenderness diffuse posterior knee. Flexion is painful. McMurray's and Lachman's tests are positive. referred her to physical therapy 3 times a week for 2 weeks.

The carrier has denied the request for additional physical therapy 8 visits twice a week because the request is not considered medically necessary per ODG. The request exceeds the recommended number of visits and timeframe for submitted diagnosis and clinically there has been no change in range of motion or strength after a total of 13 visits, including a post injection. Also, there is no agreement with the plan of care by the managing physician since there is no documented physician signed physical therapy plan of care and signs of a lack of improvement with the therapy.

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

The patient has undergone 13 visits of physical therapy directed towards a partial ACL tear and patellar tendonitis. The ODG supports 12 visits of physical therapy to address complete ACL tear. The guidelines do not necessarily clarify recommended duration of treatment for a partial tear; however, it would be reasonable to assume that 12 visits are sufficient treatment in the setting of a partial tear. Additionally, the clinical documentation does not describe a functional improvement based on the initial 12 visits with physical therapy that would warrant additional sessions. Therefore, I would agree with the previous adverse determination.

**ODG – Knee & Leg (Acute & Chronic)**

**Physical medicine treatment**

**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.

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):

Medical treatment: 9 visits over 8 weeks

Post-surgical: 12 visits over 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)