

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3 X wk X 6 wks Left Knee

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

Board Certified Orthopedic Surgery

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 health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. RME dated 03/04/05 indicates that he eventually underwent an arthroscopic meniscectomy and clean out. Note dated 11/04/13 indicates that the patient is status post left total knee arthroplasty in 2005. X-rays revealed unchanged knee replacement without any osteolysis or lucent signs around the components. There is good patella tracking. The patient has a painful total joint. Follow up note dated 01/16/14 indicates that he describes pain within the knee. At times it can feel unstable. He ambulates without an antalgic gait. On physical examination he has 0 to 90 degrees of flexion. He has no crepitus throughout range of motion. The knee is stable to anterior and posterior stress as well as varus and valgus stress. Left knee CT scan dated 02/07/14 revealed status post left total knee arthroplasty with satisfactory alignment and no evidence of hardware complication; diffuse capsular hypertrophic ossification. Physical therapy evaluation dated 02/19/14 indicates knee extension is 12 and flexion 50 degrees. Knee strength is rated as 4-/5.

Initial request for physical therapy 3 x wk x 6 wks left knee was non-certified on 02/24/14 noting that the guidelines would support a total of 24 visits of physical therapy over 10 weeks for postsurgical treatment and nine visits of physical therapy over eight weeks for the medical treatment of arthropathy. No recent re-injury has been noted. Without objective documentation surrounding the history of the most recent physical therapy and associated response to such, further formal physical therapy cannot be supported. Appeal letter dated

03/13/14 indicates that the patient was recommended for a trial of physical therapy to see if this alone improves his pain by strengthening his muscles above and below the joint. The denial was upheld on appeal dated 04/18/14 noting that without acute re-injury or significant changes on examination recently, formal physical therapy cannot be supported for the injury from 2005.

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

The patient is status post left total knee arthroplasty in 2005. Bone scan in 2013 is reported as normal. The patient now presents with painful joint; however, no new injury is reported. The patient should be well-versed in a home exercise program at this time. The Official Disability Guidelines would support a trial of 6 visits of physical therapy; however, the current request is excessive and does not allow for adequate follow up to assess patient response to therapy. As such, it is the opinion of the reviewer that the request physical therapy 3 x wk x 6 wks left knee is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES