

Notice of Independent Review Decision

September 8, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Sessions (3 times a week for 4 weeks) of Post-Op physical therapy for right knee

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. The physician is certified in pain management. The physician has a private practice of Physical Medicine & Rehabilitation, Electro Diagnostic Medicine & Pain Management in Texas. The physician is a member of the Texas Medical Association and the Houston Physical Medicine and Rehabilitation Society. The physician is licensed in Texas and Michigan and has been in practice for over 25 years.

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.

Upon independent review, the physician finds that the previous adverse determination should be ~ Upheld

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-4443

PATIENT CLINICAL HISTORY [SUMMARY]:

sustained a right knee injury on xx/xx/xx. She underwent an arthroscopy on 5/13/14 with partial menisectomy, chondroplasty of the medial femoral condyle and had moderate to severe chondromalacia with a microfracture repair. At the time of the request for 12 additional sessions of therapy, she had completed 12 therapy sessions (the PT note of 6/30/14 stated 13 sessions completed). She had ongoing functional problems and used a knee brace with crutches. The most recent therapy note was 7/30/14. The therapy notes show she was having pain that limited her range of motion, weight bearing and strength which interferes with walking, squatting bending, etc.

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

In all, there was nothing provided to justify a variance from the ODG time frame. As such, I cannot certify the additional 12 visits.

From the ODG:

Meniscus Tears: Patients with meniscus tears that are not severely limiting or progressive may not need surgical attention. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. **Arthroscopy and meniscus surgery may not be as beneficial for older patients who are exhibiting signs of degenerative changes, possibly indicating osteoarthritis.**

ODG Return-To-Work Pathways

Without surgery, clerical/modified work: 0-2 days

Without surgery, manual/standing work: 21 days

With arthroscopy, clerical/modified work: 14 days

With arthroscopy, manual/standing work: 42 days

With arthrotomy, clerical/modified work: 28 days

With arthrotomy, manual/standing work: 56 days

With arthrotomy, heavy manual/standing work: 84 days

Osteochondral Defects: Studies are still being done to test the effectiveness of osteochondral autograft transplant system (OATS) procedures for osteochondral defects. Patients under 40 years old with active lifestyles may benefit from OATS and the procedure may delay the development of osteoarthritis.

The physical therapy section discusses treatments for several knee problems. For brevity, I extracted them. It notes the need to modify program if no improvement. While one could argue she still had an abnormal gait, the menisectomy and chondromalacia and chondroplasty/microfracture all place limits at 12 weeks.

Physical medicine treatment	Recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific modalities. (Philadelphia, 2001) ...Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) ... Many patients do not require PT after partial meniscectomy. (Morrissey, 2006) ...
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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](#)....

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

Articular cartilage disorder - chondral defects (ICD9 718.0)

Medical treatment: 9 visits over 8 weeks

Post-surgical (Chondroplasty, Microfracture, OATS): 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)

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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)