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**IRO Certificate #4599**

DATE OF REVIEW: 7/20/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 additional physical therapy sessions, left knee

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

Physician Board Certified in Physical Medicine & Pain Management

REVIEW OUTCOME

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

<b>Upheld</b>	<b>(Agree) <u>X</u></b>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

is a patient who was injured at work on xx/xx/xx. He sustained a twisting type injury to his left knee with acute onset of pain along the medial and posterior aspect of the knee with swelling and catching/locking. MRI was done on 2/24/15 which showed medial and lateral meniscus tears with chondral changes with effusion and complex baker's cyst with evidence of recent rupture. He saw on 3/12/15. Initial physical exam showed ROM restriction and positive McMurry testing for medial compartment pain. was apprehensive about immediate surgical intervention given the limited joint space medially. He gave the patient an injection of depomedrol, put him on work restrictions, and fitted him with a Knapp hinge brace.

On 4/23/15, he presented for follow up and reported that modified work activity and physical therapy are helpful. Physical exam showed full extension of the knee but with persistent effusion. recommended more physical therapy, did not recommend surgery.

5/26/15: Letter of medical necessity, discussed use of aquatic therapy program with work on his lumbar spine (lumbar stabilization) and knee ROM. He documented weakness in his left lower extremity, specifically that hip, hamstring, quadriceps and ankle. He also justified the use of modality treatments (e-stim) for a specific purpose.

On 6/04/15, he followed up. Physical therapy was denied. Physical exam showed restriction of extension with tenderness and mild quadriceps atrophy. He was continued on work restrictions and recommended strongly that physical therapy be continued.

6/24/15: Re-evaluation by physical therapist documented that patient was still having pain and limited ROM. Patient is independent with home exercise program.

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

**Opinion: The request is for left knee heated electrostimulation, aquatic therapy, exercise stretching, and 12 visits additional of physical therapy: I agree with the benefit company's decision to deny the requested service(s).**

Rationale: This review pertains to the use of physical therapy in the context of meniscus tear and knee osteoarthritis. Agree with assessment that knee scope in the context of advanced degenerative changes in the knee would reduce the chance of success. ODG recommend 9 visits over 8 weeks for management of meniscus tear. Even if a meniscectomy was performed, recommendation is for 12 visits over 12 weeks. For effusion of joint and arthritis, 9 visits over 8 weeks.

The patient received physical therapy for 12 sessions total over the course of about 3 months. The letter of medical necessity from the therapist mentions diagnoses that were not mentioned in note including lumbar pain and lower extremity weakness in muscles that would not usually be associated with a meniscus tear/knee injury. The letter also mentions the use of e-stim for pain/nociceptor modulation, which, unfortunately, is not supported by the ODG. His notes also indicate that, at this time, the patient is independent with his home exercise program. It is unclear what additional physical therapy sessions will accomplish besides continued passive modalities. The patient has had more than the recommended number of physical therapy sessions already and there is no compelling reason given for continued physical therapy, especially at the frequency of 3 sessions per week.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCP-AGENCY FOR HEALTH CARE 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 & 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 DESCRIPTION)

**TX Admin Code: Title 28; Part 1; Chapter 12; Subchapter A;  
Rule 12.6, Rule 12.5; ODG on Physical Medicine**

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE DESCRIPTION)