



**MEDICAL EVALUATORS
OF TEXAS** ASO,LLC.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: May 18, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy quantity 18 (additional PT to the left knee)

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 Orthopaedic 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]:

There were no records provided from; however, the following information was based on the adverse determination letter dated 04/03/2015 and the physical therapy progress notes from . The claimant is a male who sustained injury on xx/xx/xx to his left knee. He was lifting an 80-lb piece of steel when his left foot slipped and he twisted his left knee. He was diagnosed with left medial meniscus tear and anterior cruciate ligament (ACL) tear of the left knee. No surgery for this injury. No documentation of medication treatment provided. The conservative treatment includes 12 sessions of physical therapy completed on 03/10/2015 and use of knee brace.

Diagnostic studies: MRI of the left knee dated 01/23/2015 showed a complex tear of the body and posterior horn of the medial meniscus with root attachment avulsion which lead to a medial meniscal subluxation. There was no centrally displaced meniscal fragment. There was a medial joint compartment space that narrowed with high grade cartilaginous thinning of the medial tibial plateau and medial femoral condyle cartilaginous thinning. A sequel from remote grade 2 tear of the anterior cruciate ligament in the mid substance



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and distal third, and the mid substance of the posteromedial bundle of the anterior cruciate ligament were noted. There was a grade I tear of the medial collateral ligament. The lateral ligament complex and posterolateral corner appeared intact. The functional ligamentous integrity could not be adequately assessed by MRI alone and clinical correlation was advised. There was no articular surface lateral meniscal tear or high grade lateral joint compartment chondromalacia noted. There was non-specific synovitis with mm joint and suprapatellar pouch effusions. There was no evidence of acute fracture notes. A prominent intraosseous ganglion oval in the central third of the intercondylar eminence extending to the proximal tibial metaphysis with surrounding reactive marrow edema was noted. The imaging findings could be associated with symptomatic intraosseous ganglion cyst. There was no high grade patellofemoral joint compartment chondromalacia or derangement of the extensor mechanism supporting structures noted.

Progress Note: As per physical therapy note dated 03/10/2015 indicates the claimant reported no pain upon arrival. The claimant presented into the clinic demonstrating a reciprocal stance pattern with brace on. No extensor lag with SLR. AROM 2°-133°. Quad 4+/5, Hip 4-/5. Patient was recommended to see orthopedic surgeon.

Denial letter: The request for additional 18 sessions of physical therapy to the left knee 3xweek x 4-6 weeks was denied on 04/03/2015 because the claimant has completed 12 physical therapy sessions already and has met the recommended visits. There is no extenuating circumstances to necessitate the need for more physical therapy visits.

Reason for request: The reason for request was not documented by .

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

Rationale:

As per ODG, 12 visits over 8 weeks of physical therapy is recommended for the diagnoses of ACL tear and medial meniscus tear. After review of all medical records, in this case, the claimant has completed 12 visits of physical therapy. As per physical therapy progress note dated 03/10/2015, he was noted to have no pain on arrival and his range of motion measured was 2°-133°, which is normal and represents improvement. As per UR dated 04/03/2015, recommended 18 more visits of physical therapy but no actual progress notes were provided by with explanation of why it is needed. There is no documentation of physical therapy plan of care with goals. As such, the requested treatment exceeds the ODG recommendation and is not considered medically necessary and appropriate. The request for additional 18 visits of physical therapy is non-certified.



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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)

Knee & Leg (Acute and Chronic) – Online version

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.

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

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