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[Date notice sent to all parties]:

05/19/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: PT 3 x weak x 4 wks right knee 97110 97112 97113 97140 97035 97032

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

X 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was diagnosed with right knee patella tendon rupture which was the result of stepping into a truck when the patient felt an immediate, sharp pop as he entered the truck. Surgical history included right knee scope on 01/20/2010 and right knee surgery on 04/20/2010. Postinjury treatments consisted of medication and physical therapy. According to a Letter of Medical Necessity, dated 03/12/2105, the patient was initially seen for his reassessment on 12/02/2014. The patient had been seen for a total of 24 physical therapy visits. The patient received therapeutic exercise, manual therapy, electrical stimulation with moist heat, cryotherapy, and neuromuscular re-education. The patient initially presented with -42 degrees of right knee extension and 72 degrees of right knee flexion. The patient also presented with 2/5 knee strength. At the last physical therapy visit on 03/04/2015, the patient presented with -22 degrees of right knee extension and 82 degrees of right knee flexion. The patient had increased his right knee extension strength

to -4/5 and knee flexion strength to -3/5. The patient continued to be limited in range of motion and was slowly showing improvement. He was able to ambulate with a slightly more normal gait pattern; he continued to be analgic with decreased right lower extremity stance.

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

According to the Official Disability Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine in the condition of Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella post-surgical (Meniscectomy) at 12 visits over 12 weeks and Patellar tendon rupture post-surgical treatment at 34 visits over 16 weeks. The documentation submitted for review indicated the patient had a total of 24 physical therapy visits to date. The patient was noted to have made objective functional improvement, but continued to have complaints of pain and functional deficits. The request would be supported; however, the request as submitted for an additional 12 sessions exceeds the guideline recommendations. Therefore, exceptional factors would be needed to warrant additional therapy that exceeds the guidelines. In addition, active versus passive modalities are recommended by Official Disability Guidelines. Therefore, the request for PT 3 times per week times 4 weeks for the right knee, 97110, 97112, 97113, 97140, 97035, and 97032 is non-supported. However, the request is partially certified for PT 3 times per week times 3 weeks for the right knee, 97110, 97112, and 97140 to stay within the guideline recommendations.

IRO REVIEWER REPORT TEMPLATE -WC

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

■ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg/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.

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

Patellar tendon rupture (ICD9 727.66)

Post-surgical treatment: 34 visits over 16 weeks

Physical Therapy in the ODG Preface-

(6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.