

Medical Assessments, Inc.

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 12 Sessions

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

The Reviewer is Board Certified in the area of Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:

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

Upheld

(Agree)

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 claimant is a male who sustained an industrial-related injury on XX/XX/XX while moving hoses all day. The claimant had left knee arthroplasty with chondroplasty of trochlear articular defect on XX/XX/XX. The claimant had 12 sessions of PT in XX/XXXX.

XX/XX/XX: Office visit. Claimant reported having left knee surgery on XX/XX/XX. AROM: Flexion (supine) Left: 25 degrees to 70 degrees. Right: 3 degrees to 100 degrees. **Assessment:** Claimant has left knee pain. Claimant has decreased functional ability. He has poor walking, squatting tolerance and poor stair activity tolerance. Claimant also has LOM and decreased muscle strength with poor LLE weight bearing.

XX/XX/XX: Office visit. Claimant reported left knee pain. His symptoms have been present for 2-3 months. Describes pain as sore to sharp and moderate. **Medications:** Medrol 4mg, Tramadol 50mg, Cyclobenzaprine 10mg. **Left knee x-ray:** Radiographs of the left knee reviewed today are within normal limits. No arthritic changes. **Diagnoses:** left knee internal derangement and probably lateral meniscus tear.

XX/XX/XX: MRI of left knee w/o contrast. **Impression:** No meniscal tear or cruciate ligament disruption. Mild chondromalacia trochlear apex.

XX/XX/XX: Left knee arthroscopy. Procedure performed: Left knee arthroscopy with chondroplasty of trochlear articular defect. Left knee arthroscopy with partial synoectomy.

XX/XX/XX: Office visit. Claimant stated he is doing better since surgical intervention and still experiencing

minimal pain post operatively. He is not experiencing any numbness. Pain level was 2/10.

XX/XX/XX: Office visit. Claimant was able to return to work with no restrictions. Claimant reported no pain post-operative. No swelling and no numbness.

XX/XX/XX: Post op visit. Claimant reported experiencing some pain post operatively and able to control pain with medication. He is experiencing minimal pain. There is also minimal swelling of the operative site. No numbness. Pain scale 3/10. He stated he re-injured his knee on XX/XX/XX, when he felt a loud pop in his knee. He is currently using crutches for assistance and symptoms relief.

XX/XX/XX: MRI of left knee w/o contrast. **Impression:** Broad-based degenerative signal in the body and posterior horn of meniscus. New radial defect of the posterior horn at the central meniscal attachment posteriorly either representing postoperative change or new tear at the posterior attachment. No definite recurrent displaced tear. Body segment is partially medially extruded. Moderate joint effusion. Focal high-grade chondromalacia trochlear apex.

XX/XX/XX: Post op visit. Claimant was seen in the office and was unable to walk due to pain. Claimant reported moderate pain. There is also minimal swelling of the operative site. Pain scale 4/10. Claimant was advised on the MRI results and was given injection.

XX/XX/XX: Phone note. Claimant reported he was up all night and that the injection did not help at all. Was advised to do home exercises along with Duexis.

XX/XX/XX: Phone note. Claimant reported the pain is still not better and is ready to proceed with SX.

XX/XX/XX: Left knee arthroscopy performed. Post-operative medication-Tylenol w/Codeine **Procedure performed:** left knee arthroscopy with arthroscopic medial meniscal root repair. Synovectomy.

XX/XX/XX: Post op visit. Claimant stated that he is doing better since surgical intervention and still experiencing some pain post operatively. There is also minimal swelling of the operative site. He is not experiencing some pain post operatively. There is also minimal swelling of the operative site. Pain scale was 2/10. He continues PT and he heard a pop today. He takes Tylenol with Codeine and Duexis for pain. **Impression:** Claimant appears to be progressing on a normal post-operative course.

XX/XX/XX: Phone note. **Medication:** Tylenol/Codeine, Celebrex 200mg, Duexis 80mg.

XX/XX/XX: Designated doctor. **Examination:** The claimant was an obese male who appears to be in obvious discomfort. He has using a cane to ambulate. His gait appeared antalgic. There was evidence of surgical scars on the left knee. Tenderness was noted on palpation. Slight swelling was noted. **Knee ROM:** Flexion: Right: 110 degrees, Left: 30 degrees. Extension: Right: 0, Left -10 degrees. Girth: Knee: Right: 54cm, Left: 56cm. Muscle strength: Knee extension: Right: 5/5 Left: 5/5. Knee Flexion: 5/5, 4/5. The claimant did have surgery on the same knee XX months prior to this injury. The medical records show that prior to the work related injury he reported that he was doing fine. He reported having no pain. He was able to return to work. The MRI following his work related injury also shows new injuries. Based on my education and knowledge it is within all medical probability that some disputed conditions of the left knee were caused and some of the disputed conditions were made worse by the work related injury. Left knee intimal derangement, left knee chondial defect of the tochlea, left knee synovitis, left meniscus tear are part of the extent of injury.

XX/XX/XX: Follow up evaluation. ROM: Claimant was initially evaluated on XX/XX/XX. He has had 12 days in PT. Claimant reported he is feeling better with less pain and stiffness. He however said that he feels his left knee has the tendency to "hyperextend" during weight bearing. Measurement taken on XX/XX/XX: 0 degrees to 110 degrees. Measurement taken on XX/XX/XX: 25 degrees to 70 degrees. MMT: Muscle strength of the left knee is generally 3/5. Claimant has had favorable response to treatment. He is now able to ambulate without assistive

devise with improved LLE, weight bearing. He is now able to perform 30 second Chair Stand Test whereas before he required hand assist. His lower extremity functional scale has also improved from 5/80 to 24/80. Deficits are still noted.

XX/XX/XX: UR. Rationale for denial: in my judgment, the clinical information provided does not establish the medical necessity of this request. This request is not supported by the ODG, Knee and leg (Acute & Chronic) chapter, physical therapy of the knee. Records indicate this patient underwent a non-work related knee surgery in XX/XXXX and reported post-operative pain upon return to work. The patient has recently completed 12 PT sessions for treatment of the knee. The patient was seen for an initial evaluation of the lower back for which recommendation was made for PT 2 times a week for 4 weeks. There was no examination of the knee, nor was there any recommendation of additional therapy for the knee. At this point, the patient has completed recommended treatment for the knee and per the provider's office, additional treatment is not necessary for the knee at this time. The medical necessity has not been established for 12 additional PT sessions for treatment of the left knee.

XX/XX/XX: Follow up. Claimant reported left knee pain related to work injury. His pain has been present since the day of injury. Claimant reported pain 6/10. **Medications:** Mobic 7.5 mg, Tramadol 100mg, Zolpidem 10mg, Meloxicam 7.5.

XX/XX/XX: UR. Rationale for denial: This request is not supported by the ODG, XX Knee and leg Physical medicine treatment. The patient had prior treatment (12 sessions through XX/XX/XX), per the attending provider, seemingly in line with the 12 sessions course suggested in the ODG Knee and Leg Chapter following earlier surgery for a meniscus tear. The ODG Knee and Leg Chapter Functional Improvement Measures topic further stipulates that functional improvement measures should be invoked repeatedly over the course of treatment so as to demonstrate progress in terms of return to functionality and so as to justify further use of ongoing treatment method. Here, one section of the attending providers XX/XX/XX office visit suggested that the patient was still using crutches to move about. Difficulty walking was reported on that date. The patient remained dependent on opioids and non-opioids to include tramadol and Mobic. The attending provider noted. The patient's work and function status were not stated on that day, suggesting the patient was not, in fact, working. All of the foregoing, taken together, argued against the patients having profited with 12 prior PT treatments. It did not appear likely the patient could obtain any gain from further therapy going forward. Therefore, the request is not medically necessary.

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

The previous determination has been upheld. The request exceeds ODG recommended number of, and time frame for, post-operative visits for diagnosis, and clinically after documented completion of 12 post-operative visits. There is full left knee range of motion with residual functional deficits but no documentation regarding instruction given chronicity of the case, now XX months post second knee surgery and continued use of habituating medication (Tramadol 100 mg and Zolpidem 10mg). Therefore, the request for Physical Therapy 12 sessions is non-certified.

ODG Guidelines:

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 .

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

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)

Fracture of neck of femur (ICD9 820):

Medical treatment: 18 visits over 8 weeks

Post-surgical treatment: 24 visits over 10 weeks

Fracture of other and unspecified parts of femur (ICD9 821):

Post-surgical: 30 visits over 12 weeks

Fracture of patella (ICD9 822):

Medical treatment: 10 visits over 8 weeks

Post-surgical (closed): 10 visits over 8 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

Fracture of tibia and fibula (ICD9 823)

Medical treatment: 12-18 visits over 8 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

Amputation of leg (ICD9 897):

Post-replantation surgery: 48 visits over 26 weeks

Quadriceps tendon rupture (ICD9 727.65)

Post-surgical treatment: 34 visits over 16 weeks

Patellar tendon rupture (ICD9 727.66)

Post-surgical treatment: 34 visits over 16 weeks

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)**