

CASEREVIEW

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Sessions (3 Times a Week for 4 Weeks) of Physical Therapy, Right Knee and Left Shoulder

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

THE DECISION:

This physician is Board Certified in 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]:

This claimant is a female who was injured on XX/XX/XX. She underwent a comprehensive arthroscopy, partial arthroscopic medial meniscectomy, chondroplasty of patella femoral joint, medial compartment and lateral compartment of the right knee on XX/XX/XX.

On XX/XX/XX, the claimant presented with persistent pain of the right knee. She did not want Tylenol #3. She reported just starting physical therapy. She also presented with left shoulder pain. On examination there was tenderness over the supraspinatus. Left shoulder impingement signs (Hawkins Test) 90 degrees flexion with 90-degrees abduction-impingement sign positive. There was mild tenderness of the right knee. There was also mild patellofemoral crepitus and mild crepitus with rotation of the tibia on the femurs. Right muscle atrophy was noted. Assessment: Left rotator cuff syndrome, tear of medial meniscus right knee, S/P arthroscopy of right knee. Plan: Referral to physical therapy.

On XX/XX/XX, the claimant presented for physical therapy. It was noted the claimant had been seen for a total of 7 visits from XX/XX/XX-XX/XX/XX with 0 cancellations/no shows. Therapy had consisted of PT Evaluation, Electrical Stimulation/TENS, Therapeutic procedure and Therapeutic Exercise. Assessment: The patient has seen an improvement in ROM in both planes but continues with limited ROM overall. The patient guards her knee heavily at all times and has had difficulty with her pain tolerance. The patient is unable to go into full extension and has not allowed joint mobilizations or overpressure during treatment. The patient has been compliant with her visits and appears to be following her HEP. The patient is making progress but progress has been slow due to limited pain tolerance to this point, she will benefit from continuation to improve strength and functional movement. The patient also has a shoulder injury but at this time due to the slow progress on the knee we highly

suggest the patient concentrate on her knee rehab. Plan: 5 planned visits remaining. Recommend 12 additional visits, for a total of 17 visits. Frequency/Duration: 3 visits per week for 4 weeks.

On XX/XX/XX, UR. Rationale for Denial: The Official Disability Guidelines would support twelve post-operative visits over a twelve-week period. The records documented seven post-operative visits have been completed. There was no recent evaluation of the claimant by the treating provider with an explanation of the need for additional visits. The physical therapy order was not signed by the treating physician. The request exceeds guideline recommendations. There is no documentation to support the need for continued, formal physical therapy versus a self-directed home exercise program. The request for twelve additional sessions of physical therapy, three times a week for four weeks, to the right knee is not certified.

On XX/XX/XX, the claimant presented with continued pain and limited ROM of the left shoulder. On examination there was mild tenderness of the left shoulder. Abduction was 120 degrees. There was tenderness about the right anterior aspect of the knee. There was mild patellofemoral crepitus and mild crepitus with rotation of the tibia on the femur. Plan: referral to physical therapy.

On XX/XX/XX, UR. Rationale for Denial: Presently, for the described medical situation, Official Disability Guidelines would not support a medical necessity for this specific request. The request for additional treatment in the form of supervised rehabilitation services would exceed the amount supported per criteria set forth by the above-noted reference for the described medical situation. As a result, presently, for the described medical situation, medical necessity for this specific request is not established per criteria set forth by the above noted reference.

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

Determination: denial of 12 PT visits for the right knee and left shoulder is UPHELD/AGREED UPON since the request exceeds ODG recommended number of visits for both submitted diagnosis of post arthroscopic partial meniscectomy/chondroplasty and left rotator cuff syndrome. Furthermore there were a significant number of post op PT visits remaining (5 visits over 2-3 weeks) without an update on progress after completion of those visit in order to demonstrate necessity for additional post op visits beyond ODG recommendations. There was also documentation of instruction in and compliance with a home exercise program regarding the knee.

Also regarding post op PT for the right knee, there is documentation of progress slowed by pain but no documentation regarding any analgesic medication (particularly in light of decline for Tylenol #3), to assist with pain management so as to maximize benefit from additional PT visits. Regarding PT for the left shoulder, given the chronicity of the case, now over one year old, there is question as to the mechanism of injury, any previous work up such as x ray or MRI, any injections, and any surgery to the left shoulder. There is also question as to any previous PT for the left shoulder, and if so, the number of visits, the dates of the visits, the progress with pain/range of motion/strength of the shoulder, and instruction in/compliance with a home exercise program.

There is question as to current adjuvant care including medications and activity modification/work status in regards to both the right knee and left shoulder. Therefore, the request for 12 Sessions (3 Times a Week for 4 Weeks) of Physical Therapy, Right Knee and Left Shoulder is not found to be medically necessary at this time.

PER ODG:

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

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

Work conditioning

See [Work conditioning, work hardening](#)

ODG Physical Therapy 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](#).

Rotator cuff syndrome/Impingement syndrome:

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroscopic: 24 visits over 14 weeks

Post-surgical treatment, open: 30 visits over 18 weeks

Complete rupture of rotator cuff :

Post-surgical treatment: 40 visits over 16 weeks

Adhesive capsulitis:

Medical treatment: 16 visits over 8 weeks

Post-surgical treatment: 24 visits over 14 weeks

Dislocation of shoulder:

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment (Bankart): 24 visits over 14 weeks

Acromioclavicular joint dislocation:

AC separation, type III+: 8 visits over 8 weeks

Sprained shoulder; rotator cuff:

Medical treatment: 10 visits over 8 weeks

Medical treatment, partial tear: 20 visits over 10 weeks

Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks

Superior glenoid labrum lesion:

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment (labral repair/SLAP lesion): 24 visits over 14 weeks

Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified):

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks

Brachial plexus lesions (Thoracic outlet syndrome):

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 weeks

Fracture of clavicle:

8 visits over 10 weeks

Fracture of scapula:

8 visits over 10 weeks

Fracture of humerus:

Medical treatment: 18 visits over 12 weeks

Post-surgical treatment: 24 visits over 14 weeks

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)