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An Independent Review Organization
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Description of the service or services in dispute:

Physical therapy evaluation to lead to treatment

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Orthopedic Surgery

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

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a year XX-year-old male, who was diagnosed with a sprain of unspecified cruciate ligament of the right knee.

On XXXXX, the patient sustained a work-related injury when the XXXXX. He sustained a fracture of his fibula/tibia. His anterior cruciate ligament (ACL) and medial meniscus were also torn. The documentation available indicates that the injured worker completed 6 physical therapy visits in late XXXXX for the right knee. The injured worker reported benefit with regards to strength. The injured worker requested to continue with formal rehabilitation. Therapy subsequently continued an additional visit was noted on XXXXX. As of the evaluation by the treating physician on XXXXX, the injured worker was cleared to participate in dynamic athletic activities XX.

The patient was evaluated by XXXXX, M.D. (Orthopedic Surgery) on XXXXX for follow-up of his right knee and left shoulder pain most likely due to posttraumatic arthropathy from the original injury of XXXXX. He noted that his shoulder was not bothering him as much. His knee was more painful especially over the prior week due to cool/wet weather changes. His symptoms worsened with ambulation. His foot had also had been hurting. On examination, he had a mildly antalgic gait. On stance, he had genu varum. The leg length was unequal, left greater than right by 2.5 cm. He had bilateral pes planus. On the right knee, well-healed surgical scars were evident. There was tenderness to palpation over the medial joint line. Mild laxity was noted on Lachman's test. There was no laxity with varus/valgus stress tests and anterior/posterior drawer tests.

Treatment to date consisted of medications, surgical intervention to include external fixator placement followed by intramedullary nailing, osteotomies, occupational therapy, physical therapy and hinged knee brace.

An x-ray of bilateral knees performed on XXXXX revealed degenerative joint space narrowing the medial compartment of the right knee. Postoperative changes were also seen. The right knee x-ray dated XXXXX revealed postoperative changes and joint space narrowing along the medial compartment.

Per a utilization review determination letter dated XXXXX by XXXXX, MD (Family Practice), the initial request for one physical therapy evaluation between XXXXX had been denied. Per the guidelines, the recommended number of physical therapy visits for fracture of tibia and fibula were 12 to 18 visits over 8 weeks. It was documented that the patient underwent appropriate postoperative physical therapy. However, clarification was needed as to the number of completed visits to date to verify if the request in addition to the completed sessions exceeded the guideline recommendation. The exceptional factors could not be identified in the records to warrant additional therapy versus a home exercise program. As such, the request was not supported.

In a letter dated XXXXX, XXXXX, MD (Orthopedic Surgery) non-certified the reconsideration request for one physical therapy evaluation as it was not thought to be medically necessary. Dr. XXXXX noted that there was no documentation to include the number of previously completed physical therapy sessions or notation of functional improvement attributed to these therapies and therefore the rationale for the request was not supported. The formal IRO review request indicates that 8 formal physical therapy sessions were completed between XXXXX and XXXXX.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Physical therapy is supported by the ODG as an option for management of knee pain. The documentation available indicates that 8 visits were completed between XXXXX and XXXXX. Given the duration of time since the injury, it is entirely unclear why the injured worker would be unable to transition to a home exercise program, particularly when noting that the injured worker was participating in dynamic athletic activities including basketball. While there are certainly ongoing persistent complaints of pain, given the duration of time since the injury, the recent 8 formal physical therapy visits, and the degree of activity to which the injured worker had previously been cleared, the requested additional formal therapy would be considered not medically necessary.

The ODG criteria was utilized in addition to clinical judgment. Given the duration of time since the injury and the prior formal physical therapy with ongoing persistent knee pain complaints, additional formal physical therapy would not be likely to result in additional objective functional improvement.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines DWC-Division of Workers
- Compensation Policies and Guidelines European Guidelines for Management of Chronic Low Back
- Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
Knee and Leg Chapter
Physical Therapy
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.
Pain in joint; Effusion of joint: 9 visits over 8 weeks

Preface

Physical Therapy Guidelines

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)