



Specialty Independent Review Organization

Date notice sent to all parties: 5/22/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of physical therapy 1 x 8 weeks for the right knee and right ankle.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of physical therapy 1 x 8 weeks for the right knee and right ankle.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a XXXX who sustained an industrial injury on XXXX. The mechanism of injury was described as a XXXX right leg, knee and ankle. XXXX was diagnosed with a right ankle non-displaced fracture of the lateral malleolus with severe deltoid ligament sprain and anterior talofibular ligament tear, and right knee severe medial collateral ligament sprain, anterior cruciate ligament (ACL) tear, posterior cruciate ligament tear, and medial meniscus tear. The XXXX orthopedic report noted that XXXX right ankle was quite a bit better and XXXX had been walking a bit on XXXX own without the brace. Right ankle exam documented good range of motion, no areas of point tenderness, and no limp despite significant MRI findings. XXXX chief complaint was the right knee with significant subjective and objective instability. XXXX underwent right knee arthroscopy, posterior cruciate ligament (PCL) reconstruction of a completely torn unstable PCL, inspection of a partially torn anterior cruciate ligament (ACL) with a 20% tear, and a platelet-rich plasma injection on XXXX. The XXXX orthopedic report indicated that the injured worker was seen for a post-op visit. XXXX was reported doing great and denied having any pain. XXXX was very pleased with the results of XXXX surgery. XXXX was using a long hinged knee brace daily but was starting to wean off of it slowly as instructed by the physical therapist. XXXX was attending physical therapy and noted XXXX range of motion was improving but that XXXX strength still needed work. Right knee exam documented no signs/symptoms of infection, no effusion, improving range of motion 0-135 degrees, straight leg raise with 5 degrees lag, passive full extension, and well-healed incisions. The diagnosis was status post right PCL reconstruction. XXXX was 8 weeks status post-surgery and progressing well. XXXX was doing physical therapy with home exercise program, progressing and tolerating well. The treatment plan recommended RICE, activity modification, NSAIDs, continued bracing until straight leg raise with no

lag, and continued physical therapy with home exercise program. XXXX was to follow-up in 8 weeks. The XXXX physical therapy report cited continued difficulty with stairs, squatting, and stooping to pick up low objects. Range of motion was documented as 8-0-139 left and 4-0-142 right. Right lower extremity manual muscle testing documented hip flexion 4+/5, gluteus max 4/5, gluteus medius 3-/5, hamstring 4+/5, and quadriceps 4-/5. Left lower extremity manual muscle testing was documented as hip flexion 5/5, gluteus max 4/5, gluteus medius 3-/5, hamstring 4/5, and quadriceps 5/5. There was no lag with straight leg raise. Girth was 51 cm left and 50.5 cm right. Gait and balance were reported as good. The patient presented with full range of motion and straight leg raise without a lag. XXXX continued to have right lower extremity weakness and pain with manual muscle testing and functional movement testing. XXXX would benefit from continued therapy to improve quad and right lower extremity strength to be able to go up and down stairs, and perform squatting movements for tasks around the house. The treatment plan was physical therapy one time per week for 8 weeks. Authorization was requested on XXXX requested physical therapy one time a week for 8 weeks for a diagnosis of right ankle contusion, ACL rupture, and medial collateral ligament sprain. The XXXX peer-review non-certified the request for physical therapy one time a week for 8 weeks to the right knee and ankle. The rationale stated that the requested amount of supervised rehabilitation services would exceed what was supported by guidelines for the described medical situation. The XXXX peer-review non-certified the request for physical therapy one time a week for 8 weeks for the right knee and ankle. The rationale indicated that the patient had completed approximately 20 sessions of physical therapy since surgery. It was noted that the request for 8 additional sessions exceeded guidelines recommendations and there were no exceptional factors noted to support additional formal physical therapy over a home exercise program.

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

The Official Disability Guidelines Knee and Leg Chapter recommends physical therapy for patients following surgical repair of the cruciate ligaments for 24 visits over 10 weeks. The Ankle and Foot Chapter recommends 9 visits of physical therapy for a diagnosis of ankle sprain, and 12 visits for a diagnosis of ankle fracture.

This patient presents approximately 2 months status post right knee PCL reconstruction on XXXX and was noted to have a 20% ACL tear at the time of arthroscopy. XXXX is noted to be progressing well status post right knee surgery with no pain and improving range of motion. XXXX has residual right knee strength deficits. Functional difficulty is documented in going up and down stairs and with squatting. Records indicated that the patient had completed approximately 20 visits of physical therapy since right knee surgery. There are no right ankle subjective complaints, objective findings, or functional deficits documented. This request for 8 additional sessions of physical therapy exceeds guidelines for post-operative rehabilitation of the knee and medical treatment of the ankle. There is no compelling rationale presented to support the medical necessity of additional care over transition to an independent home exercise program to achieve further rehabilitation goals. There are no extenuating circumstances noted to support an exception to guidelines. Therefore, this prospective request for physical therapy 1 x 8 for the right knee and right ankle is not medically necessary.

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)**