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Notice of Independent Review Decision

DATE OF REVIEW: 4/6/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of physical therapy 3 times a week for four weeks.

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 Physical Medicine and Rehab.

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 physical therapy 3 times a week for four weeks.

PATIENT CLINICAL HISTORY [SUMMARY]:

This x was reportedly injured on xx/xx/xx when he was climbing a ladder. He felt a sharp pain in his left knee and fell backward. Following this, he experienced pain along the medial aspect of the knee and tenderness over the medial joint line. He was evaluated at some point shortly after his injury and referred to physical therapy for evaluation and treatment. The physical therapy evaluation performed on October 2nd, 2014, indicated that the injured worker had 8/10 pain over the postlateral aspect of the left knee, 100 degrees of knee flexion and full

knee extension, and 4+/5 strength around the left knee. The injured worker's gait was noted to be antalgic.

The injured worker received physical therapy but it is uncertain as to what therapy was provided and how many sessions he received. MRI studies of the left knee were accomplished on October 9, 2014 and showed moderate complex branching of a grade 3 tear of the posterior horn of the medial meniscus, a minimal tear of the posterior horn of the lateral meniscus, mild tri-compartmental degenerative joint disease, a moderate joint effusion with mild synovitis, and a 2 cm nodular filling defect over the posterior medial joint capsule.

On October 20, the injured worker was evaluated. noted the injured worker's history and MRI findings. He stated that the injured worker had medial joint line tenderness, mild patellofemoral crepitus, 1+ joint effusion, and 110 degrees of knee flexion. diagnosed a left knee symptomatic meniscal tear with arthralgia. He recommended physical therapy, a hinged knee brace, and gave him an injection with Lidocaine and Dexamethasone.

On November 10, evaluated the injured worker and recommended a left knee arthroscopy with partial meniscectomy and probably removal of a loose body.

On December 16, 2014, took the injured worker to surgery for a left knee arthroscopy and partial medial lateral meniscectomy. He noted grade 3 chondromalacia over the medial femoral condyle and tibial plateau.

On December 24, noted that the incision was healing well. He aspirated 60 cc of serosanguineous fluid from the joint and administered a second Lidocaine and Dexamethasone injection. He recommended that the injured worker start physical therapy.

Records indicate that the injured worker received twelve physical therapy sessions between January 12, 2015 and February 4, 2015. On January 7, evaluated the injured worker and recommended Supartz injections. The injection therapy was denied.

On February 2, noted that the injured worker was still having swelling issues and weakness in the quadriceps muscles. He noted a grade 1 to 2 effusion, -5 degrees of extension and 115 degrees of knee flexion. He recommended a steroid injection, continued physical therapy, and non-steroidal anti-inflammatory drugs.

The injured worker had a Functional Capacity Evaluation on March 19, 2015. At the time of the evaluation, the injured worker reported that he did not think the surgery had helped him and he noted continued pain in the knee. The FCE indicated that the injured worker was not able to perform the essential functions for his job description as a truck driver, but inconsistencies were noted between the patient's self-reported and actual function. The examiner noted that the injured worker could benefit from additional physical therapy to increase strength and endurance and allow return to work.

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

This worker injured his left knee while climbing up a ladder on xx/xx/xx. He was treated conservatively with non –steroidal anti-inflammatory drugs, ice and heat, and an undetermined number of physical therapy sessions. MRI studies performed on October 9 showed tears of the medial and lateral menisci with tri-compartmental degenerative joint disease. The injured worker was taken to surgery for arthroscopy and medial and lateral meniscectomies on December 16, 2014. He received postoperative steroidal injections as well as at least twelve physical therapy sessions as an outpatient. He showed some improvement in his therapy sessions.

After completion of his postoperative therapy, he was said to have 0 degrees to 110 degrees of active range of motion of his left knee, minimal impairment of the stance phase of gait on the left and 4/5 strength in the left quadriceps muscle. ODG Treatment Guidelines recommend twelve postoperative physical therapy sessions, with decreasing intensity and establishment of a home exercise program. There is no indication in available medical records that this injured worker was an outlier as described by the ODG. Twelve physical therapy sessions cover or exceed ODG recommended treatment for port meniscectomy surgery, chondral defects, sprains, effusion, and pain in the knee area.

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 KNOWLEDGBASE
- 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)