

DATE OF REVIEW: 06/19/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Home physical therapy three times a week for three weeks to the right knee.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine, Rehabilitation, and Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

_____ Upheld (Agree)

_____ Overturned (Disagree)

XX Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Initial letter of denial dated 05/09/07 which indicated home therapy three times a week for two weeks would be reasonable but not for the third week.
2. Operative note of 05/03/07 from treating doctor (TD) which was open reduction and internal fixation of the right patellar fracture.
3. Postoperative hospital notes through 05/05/07.
4. Physical therapy progress notes; on 05/14/07 her pain levels had decreased to a 2/10 to 3/10 for the right knee; on 05/16/07 she was having less difficulty with non-weight bearing ambulation on her right knee

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This injured employee slipped and fell at work, sustaining a right patellar fracture, after which she underwent open reduction and internal fixation. She was discharged from the hospital two days after the surgery, and her surgeon has put her on non-weight bearing status for three weeks with the recommendation to implement a home physical therapy program two times a week for three weeks.

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

It would appear as though the injured employee is advancing well in her physical therapy, and the **three times a week for two weeks appears to be reasonable in a home-based environment, but beyond that is not supported.** She was advancing sufficiently to where she would be able to get to an outpatient physical therapy facility where her physical therapy could actually be advanced. Therefore, **the third week of home therapy is not, in my opinion, supported.**

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)