

DATE OF REVIEW:

06/29/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Physical Therapy (PT) twelve visits; three times a week for four weeks (97110, 97140, 97530).

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

Board Certified

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 or not medical necessity exists for each of the health care services in dispute.

The medical necessity for the application of continued physical therapy twelve visits; three times a week for four weeks (97110, 97140, 97530) is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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- MCMC: Case Report dated 06/22/07
- MCMC Referral dated 06/22/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 06/21/07 from
- DWC: Confirmation of Receipt Of A Request For A Review dated 06/13/07
- Letters dated 06/26/07, 06/13/07 from
- LHL009: Request For A Review By An Independent Review Organization dated 06/11/07
- Letters dated 06/04/07, 05/30/07
- DWC: Disability Duration Guidelines entitled, "Knee & Leg (Acute & Chronic)

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a male who was involved in an occupational incident that allegedly occurred on or about xx/xx/xx. The history reveals that during the course of his normal employment, he fell and fractured his femur. He underwent an open reduction of the fracture and was initiated on a course of physical therapy under the administration of the attending physician (AP). He has completed at least thirty-three physical therapy visits to date. An additional course of physical therapy has been requested.

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

The documentation fails to establish the medical necessity for the continued application of formal physical therapy as requested. Specifically, the documentation reveals that the injured individual has attended at least thirty-three sessions of physical therapy for the post-reduction treatment of a fractured femur. There are no comparative objective and/or subjective findings to establish that there is unequivocal documentary evidence that the injured individual continues to experience therapeutic gain in response to the continuing course of therapy. Furthermore, there is no evidence contained within the documentation that the injured individual continues to exhibit and report significant objective or subjective signs and symptoms that would necessitate the continuation of the course of physical therapy. Lastly, the requested course of care would exceed the guidelines and/or provisions of generally accepted occupational guidelines such as the ACOEM Guidelines and the ODG which provide for thirty visits over twelve weeks.

Given the arguments raised in the above discussion, the requested course of formal physical therapy is not established or certified as medically necessary given the submitted clinical data.

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**
- **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**