

DATE OF REVIEW: 6/22/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97116 - Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing), 12 units of service (5/15/2007)

97116 - Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing), 12 units of service (5/17/2007)

QUALIFICATIONS OF THE REVIEWER:

This reviewer earned his medical degree. He is a member of Association. He has numerous publications and has worked as an associate physician.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

97116 - Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing), 12 units of service (5/15/2007) Upheld

97116 - Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing), 12 units of service (5/17/2007) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 06/06/2007
2. Clinical note dated 06/05/2007
3. Form for requesting dated 06/06/2007
4. Request for a review dated 05/17/2007
5. Utilization review agent dated 06/01/2007
6. Information dated 06/06/2007
7. Denial information dated 05/15/2007 to 05/17/2007
8. Clinical note dated 06/01/2007
9. Request form dated 05/16/2007
10. Clinical note dated 05/10/2007
11. Physical therapy progress report dated 05/10/2007
12. Clinical note by MD, dated 05/10/2007
13. Clinical note by MD, dated 04/12/2007
14. Physical therapy progress report by PT, dated 05/16/2007
15. Physical therapy progress report by PT, dated 05/16/2007
16. Physical therapy progress report dated 05/09/2007
17. Physical therapy progress report dated 04/16/2007
18. Clinical note dated 04/12/2007
19. Physical therapy progress report by PT, dated 03/29/2007

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20. Physical therapy progress report by PT, dated 02/26/2007
21. Evaluation summary by PT, dated 02/19/2007
22. Clinical note dated 02/05/2007
23. Pre-authorization dated 05/15/2007
24. Pre-authorization dated 05/25/2007
25. Notice to analyse by, dated 06/06/2007
26. Clinical note dated 06/06/2007
27. Notice of utilization by dated 6/6/2007
28. Pre-authorization dated 5/15/2007 & 5/25/2007
29. Request for a review dated 5/17/2007
30. Request form dated 5/16/2007
31. Physical therapy progress report by PT dated 5/16/2007 to 5/22/2007
32. Clinical note dated 5/10/2007
33. Physical therapy progress report dated 5/7/2007
34. Workers compensation by MD dated 4/12/2007 & 5/10/2007
35. Physical therapy progress report dated 4/12/2007
36. Clinical note dated 4/12/2007
37. Physical therapy progress report by PT dated 2/26/2007 & 3/28/2007
38. Evaluation summary dated 2/19/2007
39. Clinical note dated 2/5/2007
40. Workers compensation by MD dated 01/30/2007
41. Imaging results by MD dated 1/15/2007
42. Operative report by MD dated 1/15/2007
43. Employer's first report dated xx/xx/xx

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This male is status post total knee replacement. It was noted that he has been making steady progress in his rehab program. He has some moderate discomfort and feelings of weakness in the leg but he has full extension and flexion of 120. His therapy program has consisted of aggressive strengthening and advanced balancing. The injured worker has reportedly had 36 post operative session of therapy for the left lower extremity.

At this time, the request for additional physical therapy is under review.

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

This is a male who is status post total knee replacement. The request is for additional physical therapy.

After reviewing the clinical documentation available, the worker has had a total of 37 post-surgical physical therapy sessions. After reviewing the progress note dated 05/16/2007, it states the worker has begun aggressive strengthening using Stairmaster, squat press, and multi- hip machine, as well as advanced balancing, single leg ball toss, and single-leg balance on unstable surface. It goes on to state the worker is aware of exercises to do at the gym to complete his strengthening. It also notes that it will be difficult to impossible for this patient returned to his prior occupation due to the restrictions inherit in a knee prosthesis. His updated goals include the ability to consistently ascend/descend 8-inch stairs without the hand rail (20 steps) and walk on any surface for greater than 20 minutes at a natural pace without significant increase in pain. There is no documentation to indicate that this worker cannot achieve these goals in an independent home exercise program.

Therefore the previous denial for continued physical therapy is upheld. These recommendations are consistent with the Official Disability Guidelines.

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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

X 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)

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Physical Medicine and Rehabilitation, 2nd Edition, Braddom

AMR Tracking Num: