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**DATE OF REVIEW:** 08/03/2008 AMENDED DECISION 08/12/2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical Therapy x 9 sessions

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

**REVIEW OUTCOME:**

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

Overturned

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Physical Therapy x 9 sessions		-	Overturned

**PATIENT CLINICAL HISTORY (SUMMARY):**

This patient has had a recent injury in xx/xx. However her clinical course is complicated and that in April of 2008 she had just recently undergone a total knee replacement surgery. The fall occurred according to medical notes submitted was one of the factors involved in requirement of a manipulation under anesthesia in June 2007. From the medical information provided it is released on clear but inferred that the patient has not had ongoing in-house monitored physical therapy since the manipulation under anesthesia. Regardless, there is recent physical therapy notes suggesting the patients motion is still poor with only zero to 100° active range of motion noted. For three months post total knee replacement this is inadequate. There's further comment by the clinical physicians involved that the patient is being considered for yet another manipulation under anesthesia if the motion does not improve. I would offer this case falls outside of regular guidelines. This patient seems to have a complicated postoperative course further complicated by the workers compensation slip and fall. The additional nine in-house sessions it is requested seems reasonable and should conclude the in-house monitored therapy that would be required from this complication. Based on the information provided I would offer the preauthorization process decisions should be overturned.

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

This case is very complicated and should fall outside of guidelines. The patient is not Hennie routine postoperative course and has been further complicated by the workers compensation slip and fall.

ODG allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT

Arthroplasty:

Post-surgical treatment: 18 visits over 12 weeks

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

**ODG**