



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: January 15, 2008

IRO Case #:

Description of the services in dispute:

Physical therapy: #97110, #97140, #G0283, #97032 (three times weekly – 4 weeks).

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is a fellow of the American Board of Orthopaedic Surgery. This reviewer is a fellow of the North American Spine Society and the American Academy of Orthopaedic Surgeons. This reviewer has been in active practice since 1990.

Review Outcome

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

Upheld

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 requested physical therapy: #97110, #97140, #G0283, #97032 (three times weekly – 4 weeks) is not medically necessary.

Information provided to the IRO for review

- I. Records from state 12/27/07
 - a. Confirmation of receipt of request for review by IRO
 - b. Request for review by IRO
 - c. Utilization review determination dated 12/04/07
 - d. Utilization review determination dated 12/19/07

- II. Records from
 - a. Notice to utilization review agent of assignment of IRO dated 12/27/07
 - b. Request for preauthorization for physical therapy evaluation dated 11/29/07

- III. Records from provider 12/28/07

- a. Operative report dated 10/19/07 concerning left patella open reduction internal fixation and left partial patellectomy
- b. Physical therapy initial evaluation/examination dated 11/01/07
- c. Patient information consent form
- d. Letter of determination dated 11/05/07 of medical necessity for physical therapy x 12 visits left knee
- e. Physical therapy exercise flow sheet
- f. Physical therapy progress/treatment notes
- g. Physical therapy reevaluation/reexamination report dated 11/26/07
- h. Physical therapy prescription form
- i. Office visit note dated 11/27/07
- j. Letter of appeal requesting reversal of adverse determination dated 12/12/07
- k. Letter of medical necessity dated 12/18/07
- l. Summary of telephonic communication with patient dated 12/20/07

Patient clinical history [summary]

The patient is a xx year-old male who reportedly sustained an injury when he fell while working at an oil rig. The patient struck his left knee and noted immediate pain, swelling and inability to continue to bear weight on the left side. Imaging studies revealed a comminuted fracture of the left patella and the patient underwent surgical intervention on xx/xx/xx with open reduction internal fixation left patella and left partial patellectomy. The records reflect that the patient was approved for a course of postoperative therapy to the left knee x 12 visits. Reevaluation report dated 11/26/07 revealed that the patient had completed 9 of 12 visits as of that date with improvement in left knee range of motion and strength. Assessment noted impairments were minimized with treatment.

A utilization review/preauthorization determination dated 12/04/07 determined that the request for 12 additional sessions of physical therapy 3 x a week x 4 weeks to include therapeutic exercises, multiple modality physical medicine/chiro and electrical stimulation was not medically necessary. The reviewer noted that the records reflected the patient had already exceeded the current guideline recommendations for postoperative physical therapy.

A reconsideration review on 12/19/07 was performed and determined that the request for additional physical therapy 3 x 4 weeks to include therapeutic exercise, multiple modality physical medicine/chiropractic, and electrical stimulation was not recommended. The reviewer noted that evaluation report from 11/26/07 noted excellent progress after completing 12 out of 15 sessions. The reviewer noted that according to Official Disability Guidelines, the claimant has already exceeded the recommended amount of therapy following this type of injury and there is no clinical objective indication that the patient is not capable of transitioning to an effective independent home exercise program for continued strengthening and motion.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to

support the decision.

Items in dispute: #97110, #97140, #G0283, #97032 (3 times weekly for 4 weeks). After reviewing the extensive clinical information provided, it appears that the previous determinations denying medical necessity for additional therapy including CPT codes #97110, #97140, #G0283 and #97032 were appropriate. The patient underwent surgical intervention for left patellar fracture with ORIF and partial patellectomy performed on 10/19/07. The patient was certified for a course of physical therapy, which he completed with progress noted. The Official Disability Guidelines support up to 10 visits over 8 weeks for post surgical fracture of patella. The patient had exceeded this level of treatment, and the previous utilization review determinations were appropriate in denial of the proposed treatment.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. The Official Disability Guidelines, Work Loss Data Institute
2. The APTA Guidelines for Programs in Industrial Rehabilitation

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