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Notice of Independent Review Decision

DATE OF REVIEW: 07/28/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Physical therapy 3 x 4 (12 visits - 97110, 97530, 97035) as prescribed by the orthopedic surgeon.

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

Physical therapy (97110, 97035, 97530) 3 x 4 (12 visits) as prescribed by the orthopedic surgeon is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medical records Dr. dated 01/08/08 thru 04/25/08
2. Physical therapy records physical therapy dated 02/15/08 thru 03/19/08
3. Consultation note dated 01/07/08
4. Operative report dated 01/08/08
5. Utilization review determination dated 05/01/08
6. Utilization review determination dated 06/03/08
7. Initial evaluation Physical Therapy and dated 05/22/08
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was xx years old when she was reported to have sustained an injury to her right knee on. The employee was subsequently taken to surgery by Dr. on 01/09/08. At that time, Dr. performed an open reduction/internal fixation of the right patella secondary to a radiographically confirmed patellar fracture. Postoperatively the employee was referred for physical therapy. Records indicate that the employee completed 15 of 16 approved visits on 04/25/08.

At this time, the employee is reported to have right knee range of motion of 0 degrees through 115 degrees of flexion. Her quadriceps strength and hip strength appears to have been graded 4/5.

The employee was seen in follow-up by Dr. on 06/23/08. Examination of the right knee revealed no swelling. There was a well-healed surgical incisional scar. She was apprehensive to palpation of the patellofemoral joint. Range of motion was reported to be 0-95 degrees. The employee had pain at the extremes of flexion. She had limited patellofemoral glide and apprehensive to palpation of this region. The calf was non-tender. She had a prominent antalgic gait. Radiographs of the knee indicate a healed patella fracture with two screws. Alignment appeared to be nearly anatomic. The screws were slightly prominent proximally. The employee was reported to have right knee stiffness with underlying pain which was likely related to her generalized dysfunction. Dr. has recommended that the employee continue physical therapy two to three days a week for three to four weeks.

The records contain a utilization review determination dated 05/01/08. This was authored by Dr. . Dr. noted that the employee had completed twelve sessions of rehabilitation and recently he approved four additional sessions of physical therapy to affirm that the employee was performing her home exercise program. Dr. reported that there was an additional request for twelve sessions of physical therapy. He noted that the employee's active range of motion was 0-115 degrees and her quad strength was graded as 4/5. Dr. non-certified the requested physical therapy indicating that this clearly exceeded the **Official Disability Guidelines** for the diagnosis, and the employee was reasonably expected to be independent with a home exercise program.

The employee was subsequently seen by , P.T., on 05/22/08. It was reported that the employee had paid for this evaluation out of her own pocket. The employee was dissatisfied as to the way her case had been handled by workers; compensation. She complained of continued right knee pain with an antalgic gait. Her active range of motion was reported to be 100 degrees on the right compared to 138 degrees on the left.

On 06/03/08, a second request was placed for additional physical therapy. This request was reviewed by Dr. non-certified the request for twelve additional sessions. He reported that the employee was five months postoperative from her surgery. Her knee flexion was only 95 degrees, and it was questionable whether she would gain any further motion postoperatively. Dr. reported that most recent therapy did not appear to

be helping the claimant, as the claimant had actually lost motion. The claimant had significant functional limitations, and further care beyond therapy may be warranted.

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

I would concur with the two previous reviewers that an additional twelve sessions of physical therapy is not medically necessary. Current evidence-based guidelines support recommend up to ten visits of physical therapy over an eight week period for a person who is status post an open reduction/internal fixation of the patella. The submitted clinical records indicate that the employee was initially approved for twelve sessions of postoperative physical therapy with a very slow response to treatment. The employee was subsequently provided four additional sessions under utilization review with the expressed purpose of educating the employee in a self-directed daily home exercise program.

The records indicate that on 04/28/08 the employee had 115 degrees range of motion while participating in physical therapy. In the interval period, the employee's range of motion was now reported to be 95-100 degrees. Despite being trained in a daily self-directed home exercise program, the employee did not appear to have aggressively participated in this given that she was exhibiting a loss of range of motion.

I would agree with the previous reviewers that the employee has received extensive postoperative physical therapy outside the current evidence-based guidelines, and it is unlikely that further supervised physical therapy is likely to produce a significant improvement in her range of motion. The employee has been instructed in a daily self-directed home exercise program, and performance of this would most likely yield an equivalent benefit of additional physical therapy sessions. Based on the submitted clinical information, additional physical therapy sessions three times a week for four weeks would not be considered medically necessary or supported by the ***Official Disability Guidelines***.

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

1. The ***Official Disability Guidelines***, 11th Edition, The Work Loss Data Institute.
2. The ***American College of Occupational and Environmental Medicine Guidelines***; Chapter 13.