

Wren Systems

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient physical therapy times twelve (12) as related to lumbar, right shoulder, left leg and ankle to consist of hot/cold packs, ultrasound, electrical stimulation, manual therapy, massage, mechanical traction, therapeutic exercises, therapeutic activities and aquatic exercises not to exceed more than for units per session.

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

This man was injured on xx-xx-xx with a reported fracture of the left tibia and fibula. He had surgery a few days later. The records do not indicate the fracture level. A prior reviewer described this as an ankle fracture. The other injuries reportedly were soft tissue contusions and abrasions. He started physical therapy on 10/17/08. Dr. did not feel he was ready for work hardening on 2/25/09. The therapist reports describe ongoing coccyx and low back pain, right shoulder pain to the neck, left knee and ankle pain, and first metatarsal pain. He

did not go to aquatic therapy due to time issues. The 3/09 therapy notes described loss of right shoulder internal rotation with increased external rotation, no change with abduction, but a loss of forward flexion. He also lost some ankle dorsiflexion. He has problems walking on stairs. He reportedly has already had a total of 48 sessions of physical therapy during the time frame. An additional 12 sessions have been requested.

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

This patient had a reported left ankle fracture and otherwise soft tissue bruises. The records do not indicate the cause of the patients' ongoing shoulder and knee pain. The ODG recognizes the appropriateness of therapies for the different problems with a transition to a home exercise program. He apparently has not been in one. According to the ODG, 21 sessions of PT are recommended after surgery for an ankle fracture, including single, bimalleolar or trimalleolar fractures. Fractures of the tibia and fibula (above the ankle) can receive additional sessions. The only information provided suggests he had an ankle fracture. Metatarsal and phalangeal fractures warrant 12 sessions. There are few details about the knee injury. The ODG limits therapy to 9 sessions. There are few details about the patient's shoulder situation. He has lost motion. There is no report of rotator cuff injury or impingement. A home program including the use of pulleys is discussed in the ODG. A Frozen shoulder is allocated 16 sessions of physical therapy. Nonspecific back pain and radicular back pain are also allocated with 10 sessions of therapy.

In this patient's case, it would appear that the 48 sessions already provided exceed the ODG recommendations. The therapist has requested additional therapies, but did not express what would be accomplished with the extra sessions that had not been attempted previously. The guidelines are not met in this case. The reviewer finds that medical necessity does not exist for Outpatient physical therapy times twelve (12) as related to lumbar, right shoulder, left leg and ankle to consist of hot/cold packs, ultrasound, electrical stimulation, manual therapy, massage, mechanical traction, therapeutic exercises, therapeutic activities and aquatic exercises not to exceed more than for units per session.

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

ACOEM-AMERICA 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

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)

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