



# Lumetra

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 03/03/09

**IRO CASE #:**

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

Physical therapy 3 x 4 weeks

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

Certified by the American Board of Family Medicine

### **REVIEW OUTCOME**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	719.46	97150	Upheld
		Prospective	719.46	97140	Upheld
		Prospective	719.46	97014	Upheld
		Prospective	719.46	97113	Upheld
		Prospective	719.46	97112	Upheld
		Prospective	719.46	97110	Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

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Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Progress notes dated 09/17/08, 09/24/08, 10/08/08, 10/23/08, 11/7/08, 11/21/08, 12/22/08

Physical Therapy Progress/treatment notes dated 12/10/08, 12/11/08, 12/15/08, 12/17/08, 12/18/08, 12/19/08, 12/22/08, 12/23/08, 12/29/08

Official Disability Guidelines cited – Physical Therapy Guidelines-Knee and Leg

**PATIENT CLINICAL HISTORY:**

The claimant is a male whose date of injury is xx/xx/xx. On this date the claimant was involved in a motor vehicle accident and sustained a fracture to the left rib. The claimant was diagnosed with a closed rib fracture; leg pain joint; and leg (lower) joint derangement. The claimant received physical therapy treatments. The physical therapy progress note of 12/29/08 noted complaints of left rib pain and radiating right leg pain. The claimant has positive slump test and straight leg raising. The claimant demonstrates moderate to severe muscle guarding to passive and active movement. The claimant demonstrates progress but continued limitations with functional mobility, ambulation and safety and independence with ADLs and work activities.

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

In the Reviewer's opinion, based on the clinical information provided, the request for additional physical therapy is not indicated. The patient was involved in a motor vehicle accident on xx/xx/xx and subsequently was diagnosed with a closed rib fracture, pain in the leg joint and lower leg joint derangement and physical therapy services were rendered. The Official Disability Guidelines support up to 9 sessions of physical therapy over 8 weeks for the patient's diagnosis. The claimant has already exceeded these guidelines, and there is no clear rationale provided for continuing to exceed current evidence based recommendations. The submitted records do not contain a reevaluation to establish the efficacy of treatment completed by the claimant to date and to support additional sessions of formal physical therapy.

References:

ODG Knee and Leg Chapter  
ODG Physical Medicine Guidelines

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Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):

Medical treatment: 9 visits over 8 weeks

Post-surgical (Meniscectomy): 12 visits over 12 weeks

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):

Medical treatment: 12 visits over 8 weeks

Post-surgical (ACL repair): 24 visits over 16 weeks

Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):

9 visits over 8 weeks

Post-surgical: 12 visits over 12 weeks

Pain in joint; Effusion of joint (ICD9 719.0; 719.4):

9 visits over 8 weeks

Arthritis (Arthropathy, unspecified) (ICD9 716.9):

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks

Abnormality of gait (ICD9 781.2):

16-52 visits over 8-16 weeks (Depends on source of problem)

Fracture of neck of femur (ICD9 820):

Post-surgical: 18 visits over 8 weeks

Fracture of other and unspecified parts of femur (ICD9 821):

Post-surgical: 30 visits over 12 weeks

Fracture of patella (ICD9 822):

Post-surgical: 10 visits over 8 weeks

Fracture of tibia and fibula (ICD9 823)

Medical treatment: 30 visits over 12 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

Amputation of leg (ICD9 897):

Post-replantation surgery: 48 visits over 26 weeks

Work conditioning (See also [Procedure Summary](#) entry):

12 visits over 8 weeks

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

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- 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**
- 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)**