

DATE OF REVIEW: 5/29/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
12 physical therapy visits

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from and completed training in Orthopaedics at. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in .

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

12 physical therapy visits Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW
INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee is a male who was diagnosed with closed fracture of the ulna, open fracture of the shaft of the tibia, fracture of the vertebral column, and open fracture of the femur following a work-related motor vehicle accident on xx-xx-xx. He has undergone multiple surgeries including incision and drainage of the left ankle followed by ORIF of a pilon fracture of the left distal tibia (9/9/2008), L1 corpectomy, and T12-L2 fusion. He has had 32 prior skilled therapy visits.

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

The injured employee is a male who was in an . He sustained multiple orthopedic injuries that were treated operatively with some post-op complications - not unexpected in someone this age and with his mechanism. The request is for 12 more visits of PT.

There is a PT order-nonspecific from Dr. (appears to be signed by assistant or representative) dated 4/8/08 for "Continue with PT with same modalities". Please also include PT for R knee." This prescription does not indicate specific diagnosis or limitations (if any) or reason for PT for knee.

The injured employee has had copious amounts of physical therapy-32 visits post operatively.

It is clear he had multiple injuries which require extensive rehabilitation. However, after 32 visits there is not significant functional progression made when comparing the March 2009 to April 2009 PT notes. There is not a clear plan with definable goals-and they change from 1 week to the next in the PT notes provided.

There are not extenuating circumstances to support additional PT. The injured employee should be familiar with exercises/HEP to continue to improve.

Based on the information provided and the fact that the injured worker had had adequate PT visits per ODG criteria for his diagnosis, the denial of additional PT is upheld.

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

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

X 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

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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

Castillo RC, MacKenzie EJ, Archer KR, Bosse MJ, Webb LX. Evidence of beneficial effect of physical therapy after lower-extremity trauma. Arch Phys Med Rehabil. 2008 Oct;89(10):1873-9.

O'Toole RV, Castillo RC, Pollak AN, MacKenzie EJ, Bosse MJ. Determinants of patient satisfaction after severe lower-extremity injuries. J Bone Joint Surg Am. 2008 Jun;90(6):1206-11.