

SENT VIA EMAIL OR FAX ON
Oct/19/2009

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/16/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient PT X 12 visits for the Right Femur and Right Lower Extremity

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 determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Operative report, Dr., 05/07/09

Discharge summary, Dr., 05/08/09

ER record, 05/12/09

X-ray right femur, 05/12/09

X-ray right leg, 05/12/09

Venous Doppler, 05/12/09

Note, Orthopedic, 05/21/09

PT evaluation, 05/27/09

Office note, PA-C, 06/12/09, 07/15/09, 08/17/09

PT re-evaluation, 06/25/09, 07/25/09, 08/25/09

MRI right knee, 07/06/09

Peer review, Dr., 08/26/09, 09/03/09

PT letter of appeal, , 09/03/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is male who sustained a right proximal femoral shaft fracture on xx/xx/xx. He underwent open reduction and intramedullary rodding of the femur. He began post op physical therapy in May 2009. He made good progress in therapy. As of 07/25/09 the claimant had full range of motion of the right hip and knee. Strength was 4+/5. He still demonstrated a Trendelenburg gait.

At the 08/17/09 physician evaluation the claimant still had pain over the lateral aspect of his leg consistent with trochanteric bursitis. X-rays showed fracture healing with excellent callus formation on the medial aspect and good callus formation lateral aspect. There remained a lucency in the fracture site. Additional therapy was recommended and the claimant was released to light duty with no lifting greater than 20 pounds and no bending, stooping, or climbing ladders. He was given exercises for trochanteric bursitis.

Per the therapy re evaluation of 08/25/09, range of motion was within functional limits. Quadriceps and hamstring strength was 5/5. Hip flexion/abduction strength was 4 plus. The claimant still had difficulty with single leg stance. Additional therapy was recommended but denied on peer review. A 09/03/09 letter of appeal from the therapist indicated that the claimant could not run and was unable to perform many job related skills like negotiating steps and had difficulty with ADL's such as dressing.

At the physician visit of September 2009 the claimant still had pain in the lateral aspect of the femur. He was doing a home exercise program. X-rays showed a healing right midshaft femoral fracture with intramedullary nailing. There was excellent callus formation. On exam he was point tender along the lateral trochanteric area just distal to the trochanter. He had good range of motion of the hip. The physician felt that the hardware might be irritating his lateral trochanter and recommended a trochanteric bursa injection. Records indicate that the claimant has completed 36 post op visits.

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

In this case it is important to note that over five months have passed since the femoral surgery. It is also important to note as of the August 25, 2009 physical therapy report, the claimant was not only doing better but could also run a couple of hundred yards.

The additional request would exceed the guidelines. A patient who can run a couple of hundred yards who already has return of good strength could certainly be independent with a home exercise program as recommended by the ODG.

The Reviewer would not consider the additionally requested physical therapy as medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 Updates. Hip.

ODG Physical Medicine Guidelines –

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

Fracture of neck of femur (ICD9 820):

Post-surgical treatment: 24 visits over 10 weeks

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)