

I-Decisions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (207) 338-1141
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/05/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3x/week x 4 weeks, Right Knee, 97110, 97112, 97140

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

M.D., 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

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 Updates. Knee. H&P, Dr. 05/12/09

X-ray right knee, 05/12/09

Operative report, Dr. 5/13/09

X-ray right knee, 05/13/09

Chest X-ray, 05/13/09

Office notes, Dr. 05/20/09, 05/28/09, 06/04/09, 07/02/09, 07/30/09, 08/27/09, 09/04/09

Physical therapy plan of care, 07/09/09

Physical therapy SOAP notes, 07/08/09 to 08/31/09

Physical therapy flow sheet, 07/16/09 to 08/31/09

Physical therapy progress note, 07/29/09, 08/31/09

Peer review, Dr. 09/03/09

Peer review, Dr. 09/11/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who underwent open reduction internal fixation of a comminuted right patellar fracture on xx/xx/xx. The claimant was immobilized in a knee brace post operatively. On 07/02/09 Dr. ordered physical therapy with range of motion for the first couple of weeks and then strengthening. She was to wean off crutches and out of the brace. On 07/20/09 active range of motion was 0-50 degrees. On 07/29/09 motion was 0-65 degrees. Strength was poor.

At the 07/30/09 visit with Dr. , the claimant was still ambulating with the brace locked in

extension and using crutches. Flexion was limited to 60 degrees with full extension. Fracture lines were still visible on x-ray with no displacement. The brace was unlocked to 90 degrees. Therapy notes indicated that the claimant was reluctant to fully fire the quadriceps secondary to patellar pain and was reluctant to flex the knee. On 08/12/09 flexion was 73 degrees. On 08/24/09 passive flexion was 82 degrees.

Dr. evaluated the claimant on 08/27/09 and noted that the right leg was still weak and stiff. She was beginning to walk without the brace and was still using a cane. X-rays demonstrated excellent alignment and healing. The claimant was to continue physical therapy for strengthening. On 08/31/09 the therapy progress report documented the completion of 21 visits. Passive flexion was 85 degrees and extension to zero. Active range of motion was 0- 80 degrees. The claimant was making slow but consistent progress.

At the follow up physician visit of 09/04/09 it was noted that the claimant was no longer wearing a brace but was still using a cane. On exam she had about 70 degrees of flexion. She had about 3/5 strength with extension and 5/5 strength with flexion. Additional therapy was requested but denied on peer review.

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

This claimant's physical therapy has well exceeded the ODG guidelines for surgical management of the patellar fracture. The guidelines would indicate 10 visits where as this claimant has received 21 visits according to the records. Given the performance of 21 visits and given the passage of nearly 5 months since the procedure in question, the reviewer is unable to recommend the proposed 12 additional visits as medically necessary. The request does not conform to the Official Disability Guidelines and no reasoning has been provided as to why the guidelines should not be followed in this instance. The reviewer finds that medical necessity does not exist at this time for Physical Therapy 3x/week x 4 weeks, Right Knee, 97110, 97112, 97140.

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

ODG Physical Medicine Guidelines

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

Fracture of patella (ICD9 822)

Post-surgical: 10 visits over 8 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)