



## Notice of Independent Review Decision

### **DATE OF REVIEW:**

12/14/2010

### **IRO CASE #:**

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

Physical Therapy three times per week for four weeks (97112, 97113, 97110, 97116, 97032, 97035, and 97002).

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

Board Certified Orthopaedic Surgeon

### **REVIEW OUTCOME**

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**Physical therapy three times per week for four weeks (97112, 97113, 97110, 97116, 97032, 97035, and 97002) is not medically necessary.**

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

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 12/02/10 Facsimile Transmittal with note
- 12/01/10 MCMC Referral
- 12/01/10 Notice Of Assignment Of Independent Review Organization, DWC
- 12/01/10 Notice to Utilization Review Agent of Assignment, DWC
- 12/01/10 Notice To MCMC, LLC Of Case Assignment, DWC
- 12/01/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 11/24/10 Request For A Review By An Independent Review Organization
- 11/04/10 Preauthorization Determination – Appeal Denied notice
- 10/27/10 Initial Evaluation, DPT, Classic Rehabilitation
- 10/27/10 Prescription/Plan of Care, DPT, Classic Rehabilitation
- 10/21/10, 08/19/10, 06/03/10 office notes, M.D.
- 10/07/10 Preauthorization Determination - Denied notice
- 09/20/10 , 10/27/10 (dates of service) Pre Authorization Requests
- 09/20/10 Initial Evaluation, DPT, Classic Rehabilitation
- 09/20/10 Prescription/Plan of Care, DPT, Classic Rehabilitation
- 08/19/10 Work Status Report, M.D., DWC
- 05/27/10 Initial Evaluation, DPT, Classic Rehabilitation
- 05/27/10 Prescription/Plan of Care, DPT, Classic Rehabilitation
- 03/23/10 Outpatient Physical Therapy Evaluation, P.T., M.T.C
- 02/24/10 Operative Note, M.D Medical Centers

- Undated, handwritten note stating “Initial eval 05/27/10...”
- Undated, handwritten note stating “PT eval from RHH approved...”
- Chart note, HighPoint (date not visible)
- Undated report from M.D.
- Note: Carrier did not supply Official Disability Guidelines.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

In xx/xx, the injured individual underwent a knee replacement arthroplasty and twenty five sessions of physical therapy (PT) post-operatively, which exceeded applicable guidelines. The injured individual has been recently considered for a resumption of physical therapy. On 10/21/2010, a prior Functional Capacity Exam (FCE) was referenced; noting that there had been a delay in therapy. The motion was improved from an extension lag of 8 degrees to a range of motion of from 0-110. The injured individual was noted to typically have a 5 degree extension lag. Grade 5/5 motor power and a normal gait were also noted. Additional PT was felt indicated by the therapist and the attending provider (AP) in order to obtain improved extension. Prior PT records were reviewed, as was the knee joint replacement operative summary. Denial letters consider that the injured individual would typically have been well-versed in a prescribed and self administered independent PT program at this point.

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

The most recent records support minimal residual motion and/or strength deficit overall. A valid rationale has not been established to support additional physical therapy. Rehabilitation should be performed within the context of a self-administered independent exercise/therapy programs, as per applicable Official Disability Guidelines.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:****ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines (ODG) - Knee Chapter

Official Disability Guidelines 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.

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