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Notice of Independent Review Decision

DATE OF REVIEW:
02/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Physical Therapy three times per week for four weeks left femur.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

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.
No, physical therapy three times per week for four weeks of the left femur is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 01/28/10 letter, Network & Medical Operations, with attached response regarding disputed services
- 01/27/10 MCMC Referral
- 01/27/10 Notice to MCMC, LLC of Case Assignment, DWC
- 01/27/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 01/25/10 Request For A Review By An Independent Review Organization
- 01/06/10 letter from, LVN,
- 12/28/09 letter from LVN,
- 12/21/09 Physical Therapy – Initial Evaluation, Hip/Pelvis,
- 12/14/09 Patient Information Sheet,
- 12/11/09 Referral Form, Spinal Rehabilitation Center
- 12/02/09 Physical Therapy Request, OSA
- 12/02/09, 06/10/09, 08/05/09, 09/30/09 office notes, M.D., Specialty Associates
- 12/01/09 letter from Practice Manager, Orthopedics & Spine Center
- 11/07/09 (initial date), 11/02/09 Medical Progress Note, M.D., Spinal Rehabilitation Center

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- 10/12/09 NCV studies, D.O., Orthopedic & Spine Center
- 10/12/09 Consultation, D.O., Orthopedic & Spine Center
- 10/06/09 Health and Behavioral Assessment Interview and Testing, Ed.D., Spinal Rehabilitation Center
- 10/06/09 Treatment Planning Evaluation, Spinal Rehabilitation Center
- 10/06/09 Physical Performance Evaluation – Physical Therapy, Spinal Rehabilitation Center
- 08/28/09 Designated Doctor's Examination, Occupational Health Systems
- 08/10/09 bilateral lower extremity Venous Doppler
- 07/30/09 Discharge Assessment,
- 07/06/09 CT angiogram thorax
- 05/21/09 MRI left foot, Diagnostic Health
- 05/07/09 to 09/21/09 Recheck – W/C Strain & Sp forms
- 04/07/09 MRI left knee
- 01/28/09 Pre-Authorization fax, Physical Therapy
- 01/13/09 (Begin Date) Initial Plan of Care – Physical Therapy,
- 01/13/09 (Begin Date) Updated Plan of Care – Physical Therapy,
- 12/28/08 to 12/02/09 Treatment History
- ODG Integrated Treatment/Disability Duration Guidelines – Knee & Leg (Acute & Chronic)

PATIENT CLINICAL HISTORY [SUMMARY]:
The injured individual is a male who fell off a ladder and fractured his femur and left wrist. He had surgery on both and was an inpatient for almost two weeks. The injured individual had twenty four physical therapy visits up through 04/2009 and has a residual limp and left leg length discrepancy with reduced strength and atrophy in the leg.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The injured individual had an Open Reduction Internal Fixation (ORIF) of his femur fracture at the end of 12/2008. He had twenty four postoperative physical therapy visits up through 04/2009. He has a shorter left leg, uses a cane, and limps. There is no mention he is doing any type of home exercise program (HEP). The injured individual has had sufficient postoperative physical therapy for the leg as per Official Disability Guidelines. Further physical therapy will not address a leg length discrepancy. He is now over a year post injury and should be focusing on doing a HEP to maximize his overall function.

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:
Fracture of neck of femur (ICD9 820):
Medical treatment: 18 visits over 8 weeks
Post-surgical treatment: 24 visits over 10 weeks