

# Clear Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

May/11/2010

### IRO CASE #:

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

PT 3 x Wk x 4Wks right hip, 97035 97140 97113 97112 97110 97032

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

Medical necessity for physical therapy three times a week for four weeks right hip, 97035, 97140, 97113, 97112, 97110, 97032.

### 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)

***The reviewer finds that medical necessity exists for PT 3 x Wk x 4Wks right hip, 97140, 97112, 97110.***

***The reviewer finds that medical necessity does not exist for PT 3 x Wk x 4Wks right hip, 97035, 97113, 97032.***

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

Consultation, 11/24/09

MD progress notes 12/16/09, 01/26/10

xxxxx progress notes 02/09/10, 03/09/10, 04/06/10

Discharge summary 12/01/09

Letter of medical necessity 03/09/10

Work Compensation request form 03/02/10, 03/18/10

Discharge instructions 02/09/10, 03/09/10

Fax 04/08/10, 04/06/10

xxxxx, 3/8/10, 3/30/10

### PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant who was involved in a motor vehicle accident which resulted in a right acetabular fracture and right sacroiliac joint widening along with a frontal scalp hematoma and concussion. The records indicated the claimant admitted to the hospital after the

accident, treated and released on xx/xx/xx. Discharge instructions included pain medication, non-weight bearing right lower extremity and need for a rolling walker and wheelchair. A physical therapy re-evaluation dated 03/02/10 noted the claimant had completed twelve sessions of therapy but was still having right hip pain with weight bearing activities. The claimant was twenty-five percent weight bearing of the right lower extremity. Therapy records indicated that the claimant had made gradual progress and was still having limitations in mobility, strength and weight bearing tolerance. Additional physical therapy was recommended.

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

In light of the fact the patient had an acetabular and SI joint fracture, the reviewer finds that medical necessity exists for PT 3 x Wk x 4Wks right hip, 97140, 97112, 97110. However, the reviewer finds that medical necessity does not exist for PT 3 x Wk x 4Wks right hip, 97035, 97113, 97032.

This is a gentleman who sustained a right acetabular and SI joint fracture/injury. He was admitted to the hospital and has already had 12 visits of physical therapy, although the medical records provided document that he has difficulty with weight bearing and still uses a wheelchair. ODG guidelines recommend that patients with pelvic fracture have 18 visits of therapy over eight weeks. However, this case is not a regular pelvic fracture. Records indicate it was an intraarticular acetabular fracture and widening of the SI joint -- a multiple column fracture necessitating a longer period of rehabilitation. None of the medical records indicate that he is full weight bearing or independent.

However, there are no good long term studies documenting the use of ultrasound or electrical stimulation in terms of therapy. The guidelines state that ongoing therapy in this type of patient should be muscle strengthening and hands on treatment by a therapist. The reviewer finds that medical necessity exists for PT 3 x Wk x 4Wks right hip, 97140, 97112, 97110. The reviewer finds that medical necessity does not exist for PT 3 x Wk x 4Wks right hip, 97035, 97113, 97032.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Hip and Pelvis:  
Physical medicine treatment

A physical therapy program that starts immediately following hip injury or surgery allows for greater improvement in muscle strength, walking speed and functional score

A weight-bearing exercise program can improve balance and functional ability to a greater extent than a non-weight-bearing program.

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less)

Fracture of pelvis (ICD9 808)

Medical treatment: 18 visits over 8 weeks

In addition, active self-directed home PT may include Simple Hip-Strengthening Exercises

Hip-flexors — Standing beside a chair, without bending at the waist, bend one knee up as close to chest as possible. Lower leg to floor. Repeat with other leg.

Hip abductors — Standing erect and holding onto the back of a chair, without bending at the waist or knee, move one leg straight out to the side, making sure that the toes point forward. Lower the leg and repeat on other side.

Hip-extensors — Stand holding onto the back of a chair, and bend forward about 45 degrees at the hips. Lift one leg straight out behind you as high as possible without bending the knee or moving the upper body. Lower leg and repeat on other side.

**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)