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## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/09/10

**IRO CASE #:**

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

Physical therapy three times a week for four weeks to include CPT codes 97110, 97140, 97116, 97010, 97113, 97016, and 97035

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

Board Certified in Orthopedic Surgery

### **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)

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 a week for four weeks to include CPT codes 97110, 97140, 97116, 97010, 97113, 97016, and 97035 - Upheld

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

Evaluations with M.D. dated 07/07/03, 07/10/03, 08/11/03, 08/18/03, 09/08/03, 11/14/03, 12/12/03, 01/09/04, 03/01/04, 03/29/04, 04/19/04, 05/17/04, 08/18/04, 09/01/04, 09/29/04, 10/13/04, 10/27/04, 10/29/04, 11/02/04, 12/13/04, and 03/27/06

An evaluation with M.D. dated 07/25/03

TWCC-73 forms from Dr. dated 08/11/03 and 09/01/04

An operative report from Dr. dated 10/23/03

A prescription for a 3-in-1 commode and shower chair from M.D. dated 11/06/03

A home health care report from R.N. dated 11/07/03

Physical therapy with P.T. on 11/07/03 and 11/12/03

Physical therapy with P.T.A. and Mr. dated 11/11/03, 11/12/03, 11/13/03, 11/14/03, 11/17/03, 11/18/03, 11/20/03, and 11/25/03

A physical therapy discharge summary from Mr. dated 11/29/03

A telephone order from Ms. dated 12/04/03

A medical records review from M.D. dated 02/03/04

An impairment rating evaluation with Dr. dated 02/05/04

An addendum report from Dr. dated 02/26/04

A Designated Doctor Evaluation with M.D. dated 03/24/04

A Functional Capacity Evaluation (FCE) with D.C. dated 08/20/04

Rehabilitation daily notes from O.T.R. dated 09/15/04, 09/16/04, 09/17/04, 09/20/04, 09/22/04, 09/21/04, 09/23/04, 09/24/04, 09/27/04, 09/28/04, 09/29/04, 10/04/04, 10/05/04, 10/06/04, 10/08/04, 10/11/04, 10/13/04, 10/14/04, 10/15/04, 10/18/04, and 10/21/04

A work hardening/work conditioning daily schedule dated 09/15/04 and 09/16/04

An FCE with Mr. dated 10/21/04

A Required Medical Evaluation (RME) with M.D. dated 11/04/04

An evaluation with D.O. dated 01/28/10

Evaluations with M.D. dated 03/10/10, 03/31/10, 05/14/10, 08/04/10, and 09/15/10

X-rays of the left knee interpreted by M.D. dated 03/10/10 and 05/13/10

A CT scan of the left knee interpreted by M.D. dated 03/12/10

Laboratory studies dated 05/10/10, 05/14/10, 05/15/10, and 05/16/10

Evaluations with M.D. dated 05/13/10, 05/14/10, and 05/15/10

An operative report from Dr. dated 05/13/10

Left knee cultures dated 05/13/10 and 05/14/10

A discharge summary from Dr. dated 05/16/10

A physical therapy prescription from Dr. dated 05/24/10

DWC-73 forms from Dr. dated 05/24/10, 06/14/10, 08/04/10, and 09/15/10

Evaluations with P.T. dated 05/28/10, 07/19/10, 08/13/10, and 09/20/10

Physical therapy with P.T.A. dated 06/07/10, 06/15/10, 06/18/10, 06/25/10, 06/28/10, 06/30/10, 07/09/10, and 07/16/10

Physical therapy with P.T.A. dated 06/09/10, 06/11/10, 06/13/10, 06/16/10, 06/21/10, 06/23/10, 07/07/10, 07/12/10, 07/14/10, 07/19/10, 08/02/10, 08/06/10, 08/09/10, 08/11/10, 08/13/10, 08/16/10, 09/08/10, 09/10/10, 09/13/10, 09/17/10, and 09/20/10

Physical therapy with Ms. dated 06/30/10, 07/02/10, and 09/03/10

A utilization review referral from Dr. dated 09/15/10

A discharge summary from Ms. dated 09/20/10

Auxiliary Exercises dated 09/21/10

A letter of non-certification for 12 sessions of physical therapy from D.O. dated 09/27/10

A letter of non-certification for the therapy from D.O. dated 10/21/10

A Carrier Submission letter from, Law Offices of dated 11/01/10

The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

A total knee replacement was performed by Dr. on 10/23/03. Physical therapy was performed with Mr. and Ms. from 11/07/03 through 11/25/03 for a total of 10 sessions. On 02/05/04, Dr. felt the patient was not at Maximum Medical Improvement (MMI) but provided a 30% whole person impairment rating. On 03/01/04, Dr. recommended continued physical therapy. On 03/24/04, Dr. placed the patient at statutory MMI with a 20% whole person impairment rating. On 04/19/04, the patient was continued on Ultracet and Effexor. An FCE with Dr. on 08/20/04 indicated the patient could function in the medium physical demand level with restrictions. On 09/01/04, Dr. requested a work conditioning program. Rehabilitation was performed with Mr. from 09/15/04 through 10/21/04 for a total of 21 sessions. An FCE with Mr. on 10/21/04 indicated the patient now functioned at a heavy physical demand level. The patient was returned to regular work duty in October 2004. On 01/28/10, Dr. prescribed Naprosyn, Ultracet, and referred the patient to an orthopedist. X-rays of the left knee interpreted by Dr. on 03/10/10 showed a total knee prosthesis with no abnormalities. A CT scan of the left knee interpreted by Dr. on 03/12/10 showed evidence of possible loosening of the arthroplasty. A total knee arthroplasty revision was performed by Dr. on 05/13/10. Physical therapy was performed with Ms. from 06/07/10 through 07/16/10 for a total of eight sessions. Physical therapy was performed with Mr. from 06/09/10 through 09/20/10 for a total of 21 sessions. Physical therapy was performed with Ms. on 06/30/10, 07/02/10, and 09/03/10. On 09/20/10, Ms. requested 12 more sessions of physical therapy. On 09/27/10, Dr. wrote a letter of non-certification for therapy. On 10/21/10, Dr. also wrote a letter non-certification for the therapy. A Carrier Submission for an IRO from Mr. dated 11/01/10.

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

The clinical material that has been presented does not indicate that further physical therapy is reasonable or necessary. The ODG criterion for ongoing physical therapy after a total knee replacement is a maximum of 24 postoperative visits. The patient did make significant progress over 30 sessions of treatment and has good strength and a normal range of motion after a total knee replacement of 0 to 115-120 degrees. There is no persistent functional deficit that would reasonably improve with a continued formal physical therapy program. While the patient does have fairly significant ongoing subjective pain complaints,

the objective basis for those complaints has not been established and would not be changed by further physical therapy. Therefore, the requested physical therapy three times a week for four weeks to include CPT codes 97110, 97140, 97116, 97010, 97113, 97016, and 97035 would not be reasonable or necessary and the previous adverse determinations should be upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- 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)**