



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 11/08/10

**IRO CASE NO.:**

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

Item in dispute: Appeal Physical Therapy 2xwk x 4wks 97110 97140 bil  
legs

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

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 02/01/10-03/31/10 - Account Charge Activity Home Health
2. 03/12/10 - Clinical Note - MD
3. 04/28/10 - Clinical Note - MD
4. 05/24/10-09/09/10 - Account Charge Activity - Medical Center
5. 06/23/10 - Clinical Note - MD
6. 08/13/10 - Rehabilitation Re-Assessment and Progress Report
7. 08/23/10 - Clinical Note - MD
8. 08/31/10 - Outpatient Rehabilitation Treatment Orders
9. 09/02/10 - Rehabilitation Re-Assessment and Progress Report
10. 09/08/10 - Utilization Review
11. 09/13/10 - Letter - MD
12. 09/23/10 - Utilization Review
13. 10/20/10 - Letter -
14. **Official Disability Guidelines**

## **PATIENT CLINICAL HISTORY (SUMMARY):**

The claimant is a male who is status post open reduction internal fixation of bilateral tibial plateaus.

The claimant saw Dr. on xx/xx/xx. The claimant was six weeks postoperative. Physical examination reveals full range of motion of the left lower extremity without any instability. The right lower extremity revealed a well-healed wound without any instability. Radiographs revealed the hardware in good position. The right was more extensive than the left. Interval healing was noted. The claimant was assessed with status post open reduction internal fixation of bilateral tibial plateau fractures. The claimant was recommended for aggressive physical therapy for range of motion of the right knee.

The claimant saw Dr. on 04/28/10. Physical examination revealed full range of motion of the left knee. The right knee goes to about 100 degrees. There were no signs of infection and no instability noted. Radiographs of the bilateral knees revealed almost completely healed fracture on the right and completely healed fractures on the left. The claimant was recommended for physical therapy.

The claimant saw Dr. on 06/23/10. The claimant reported some swelling in the right knee as well as some low back pain. Physical examination revealed a slight leg length discrepancy with the right being shorter than the left. The claimant was recommended for a shoe lift. Radiographs of the bilateral knees revealed hardware in good position with acceptable healing. The claimant was recommended to continue physical therapy.

A physical therapy progress report dated 08/13/10 stated the claimant complained of difficulty getting around and some residual weakness. The claimant had a functional score of 7 out of 10 and reports 66% improvement. The note stated the claimant was progressing, but was still limited functionally. The note stated the claimant was compliant with a home exercise program. The claimant was recommended for twelve additional physical therapy sessions.

The claimant saw Dr. on 08/23/10. Physical examination revealed the claimant had trouble standing from a squatted position. Radiographs revealed interval healing and the hardware in good position. There was a slight amount of varus in the right knee. The claimant was assessed with status post open reduction and internal fixation of bilateral tibial plateaus. The claimant was returned to partial duty. The claimant was provided a hinged sleeve for the right knee to control instability.

A physical therapy progress report dated 09/02/10 stated the claimant had completed a total of thirty-four physical therapy sessions. The claimant reported some knee pain

with walking. Range of motion of the right knee was 0 to 125 degrees. Range of motion of the left knee was 0 to 135 degrees. The note stated the claimant was able to ascend steps without support but required support with descent. Mild gait deficits were present. The claimant continued to be compliant with a home exercise program. The claimant was recommended for eight additional physical therapy sessions.

The request for physical therapy 2 x week x 4 weeks was denied by utilization review on 09/08/10 due to reports of 66% improvement after thirty-four physical therapy sessions. The note stated the claimant was compliant with a home exercise program, and there was no mention why this would not be sufficient to address the remaining deficits. Lastly, the number of requested visits on top of the previous therapy sessions was deemed in excess of the recommendation of the referenced guidelines.

A letter by Dr. dated 09/13/10 stated the claimant had 66% improvement and some residual muscle weakness, especially in the right lower extremity. Dr. opined that additional physical therapy would optimize his overall outcome.

The request for physical therapy 2 x week x 4 weeks was denied by utilization review on 09/23/10 due to a functional level of 7/10 and reports that the claimant had met his functional goals. There was adequate range of motion in the bilateral knees, and the claimant could continue a progressive strengthening exercise program in a home-based manner.

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

The requested physical therapy 2 x week x 4 weeks with modalities 97110 and 97140 is not recommended as medically necessary. To date the claimant has undergone thirty-four sessions of physical therapy and has normal range of motion in both knees with some strength deficits remaining. Guidelines recommend a maximum of thirty sessions for fractures of the tibia and there is insufficient objective evidence of continuing functional limitations that would reasonably require further physical therapy. The claimant has been compliant with a home exercise program and continuation with a home program could reasonably address the remaining strength deficits present. Given that the claimant has minimal findings remaining to warrant additional therapy, medical necessity is not supported.

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

*Official Disability Guidelines*, Online Version, Knee and Leg Chapter