

Notice of Independent Review Decision

DATE OF REVIEW: 11/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity for rehab on right knee

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

The physician performing this review is a Board Certified Orthopedic Surgeon. He is affiliated with two hospitals. He is a Candidate member of the American Society of Surgery of the Hand and American Academy of Orthopaedic Surgeons. He has co-authored several publications.

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.

Further physical therapy of claimant's right knee would not be considered medically necessary and appropriate based on the records provided in this case.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records received: 19 page fax on 10/22/2010 Texas Department of Insurance IRO request and a 27 page fax on 10/27/2010 URA Response to disputed services with administrative and medical records

The DYLL REVIEW

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25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who underwent an open reduction internal fixation of the patella fracture on 03/26/10. The claimant was doing well until he fell, which resulted in the loss of reduction and refracture. The claimant underwent a second open reduction internal fixation on approximately 06/04/10.

On 06/14/10, Dr. stated the x-rays showed the fracture reduced in satisfactory position and alignment. A brace and sit down work were recommended.

On 07/14/10, Dr. noted that the claimant had 90 degrees of flexion and good extension. There was quadriceps weakness. Multiple views showed the fracture to be healing in good position and alignment. The 07/26/10 x-ray showed the fracture was healed. Physical therapy was recommended.

On 08/30/10, Dr. saw the claimant for discomfort and weakness with extension. The claimant had flexion to 120 degrees and full extension. Quad atrophy was noted. Dr. noted that the claimant needed to be able to return to work. Light work and were recommended. The physical therapy letter dated 09/27/10 indicated the claimant had completed 22 physical therapy visits, had pain with certain activities and difficulty with ascending/descending stairs. Right knee range of motion was from 0 to 120 degrees. The claimant was still unable to. On 09/30/10, Dr. recommended physical therapy 2-3 times per week for 3-4 weeks.

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

The claimant is now five months out from revision open reduction total fixation of a patellar fracture. Notes document a well healed fracture with excellent range of motion and strength. The claimant has completed twenty-four visits in physical therapy. If one looks to the ODG Guidelines, ten visits of therapy over eight weeks time are recommended for fracture of a patella. At this point, the claimant should be able to work on a home exercise program. Therefore, per the ODG Guidelines, additional physical therapy cannot be considered medically necessary or appropriate.

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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 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)
Maxey and Magnusson, Rehabilitation for the postsurgical orthopedic patient
Chapter 15, page 260