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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
97113 Initial Aquatic Therapy Left Hip 3xwk x 3wk
97140 Manual Therapy Left Hip 3xwk x 3wk
97002 Physical Therapy Re-Evaluation Left Hip x1

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D. Board Certified, Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG-TWC Treatment Guidelines
Adverse Determination Letters, 7/23/10, 7/30/10
Medical Center 4/11/10
Occupational Medicine Clinic 4/12/10, 7/7/10
Imaging 6/1/10
7/20/10, 7/14/10

PATIENT CLINICAL HISTORY SUMMARY
The medical records presented begin with the non-certification and the adverse determination of re-consideration. In each case, there was a notation of insufficient clinical data presented and an inability to speak with the requesting provider. Plain radiographs dated April 10 indicate no acute process, only degenerative changes of the hips and spine. Dr. made the initial diagnosis as groin sprain. MRI noted a non-displaced fracture of the ramus. Additionally there were sclerotic changes and osteophytes, reported to be degenerative. The April 11, 2010 note indicated that there was no pain; however, the follow-up progress notes indicated that the pain is “worse then ever.” The July 2010 radiograph noted that there was no evidence of a fracture. The injury had healed. An initial physical therapy evaluation was completed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

There was an injury over four months ago. This injury has healed as per the radiographs. The pain complaints far exceed the objectified pathology. Moreover, as noted in the ODG, the physical therapy should have been started immediately. There is no clear clinical evidence presented to support this request. As per the ODG updated August 10, 2010 "A physical therapy program that starts immediately following hip injury or surgery allows for greater improvement in muscle strength, walking speed and functional score. (Jan, 2004) (Jain, 2002) (Penrod, 2004) (Tsauo, 2005) (Brigham, 2003) (White, 2005) (National, 2003)

"A weight-bearing exercise program can improve balance and functional ability to a greater extent than a non-weight-bearing program. (Expert, 2004) (Binder, 2004) (Bolgla, 2005) (Handoll, 2004) (Kuisma, 2002) (Lauridsen, 2002) (Mangione, 2005) (Sherrington, 2004) Patients with hip fracture should be offered a coordinated a multidisciplinary rehabilitation program with the specific aim of regaining sufficient function to return to their pre-fracture living arrangements. (Cameron, 2005) A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion. The physical therapy visit may also include advice regarding assistive devices for ambulation. (Zhang, 2008) Accelerated peri-operative care and rehabilitation intervention after hip and knee arthroplasty (including intense physical therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) Behavioral graded activity (BGA) is an individually tailored exercise program in which the most difficult physical activities are gradually increased over time and the exercises are specifically designed to improve impairments limiting the performance of these activities. In the long-term, both BGA and usual PT care were associated with beneficial effects in patients with hip and knee OA. In patients with knee OA, there were no between-group differences at short-, mid-long, and long-term follow-up. In contrast, patients with hip OA had significant differences favoring BGA. (Pisters, 2010)"

Therefore, and based on the ODG, the reviewer finds that the previous adverse determinations should be upheld, as there is no medical necessity for 97113 Initial Aquatic Therapy Left Hip 3xwk x 3wk; 97140 Manual Therapy Left Hip 3xwk x 3wk; 97002 Physical Therapy Re-Evaluation Left Hip x1.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)