

Prime 400 LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy x 12 97110 97140 97112 right hip

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates

Workers' Comp Services, documents dated 8/13/10, 8/19/10

Physical Therapy records, 8/9/10, 6/10/10, 4/19/10

Hip Flow Sheet, 1/07, 1/11, 1/12/10, 1/14/10, 1/18/10, 1/20/10, 3/31/10, 2/22, 2/24, 3/1/10, 3/3, 3/8/10, 3/10/10, 1/21/10, 1/26/10, 2/1/10, 2/3/10, 2/8/10, 2/10/10

Treatment Encounter Notes, 2/17/10, 2/22/10, 3/1/10, 3/3/10, 3/8/10, 3/10/10, 3/31/10, 2/1/10, 2/3/10, 2/8/10, 1/20/10, 1/21/10, 1/26/10, 1/12/10, 1/14/10, 1/18/10

SOAP Note, 12/30/09, 1/7/10, 1/11/10

Physical Therapy Pre-Authorization Request, 8/10/10

Dr., 6/2/10 office note

PATIENT CLINICAL HISTORY SUMMARY

This female was injured on xx/xx/xx after falling and twisting. The records indicate that she has had four lumbar surgeries including a fusion. Dr. has diagnosed her with left knee strain and right hip trochanteric bursitis; his June 2010 office note documented right hip tenderness to palpation over the greater trochanter that extends up into the gluteal region, painless hip range of motion, weakness with hip flexors and abductors which is graded at 4-/5, antalgic gait, left knee exam benign with no tenderness and has normal range of motion and strength. Dr. indicated that he did not think that there was any surgery that would benefit her noting that she did not want repeat steroid injections due to the ineffectiveness; he concluded that the only option would be to receive more physical therapy including pain modalities. He indicated that she had reached maximum medical improvement and that an impairment rating would be appropriate. Physical therapy records document completion of 22 visits from 12/30/09 to 3/31/10; the notes are handwritten and they appear to document only subjective reports of pain and lack objective information with regard to functional progression.

An 8/9/10 physical therapy hip evaluation, handwritten and not completely legible, documented that the iliac crest was higher on the right, PSIS (posterior sacroiliac spine) lower on the right, severe right deviated coccyx, right active motion in flexion 100 degrees, extension 10 degrees, abduction 20 degrees, adduction 5 degrees, external rotation 15 degrees, internal rotation 10 degrees and left normal, strength on right graded at 2 to 3 out of 5 and on the left graded at 4- out of 5, poor hip stability on the right, positive Faber and Scour tests on the right. The assessment was that the claimant would benefit from skilled services for stability, and mobility. Prior reviews of the request for 12 physical therapy visits for the right hip, concluded that the treatment was not medically necessary. The treatment is currently being reviewed on appeal.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND

CONCLUSIONS USED TO SUPPORT THE DECISION

The proposed twelve sessions of physical therapy right hip is not medically necessary based upon review of the records in this case. In this case, the patient has been treated for right trochanteric bursitis, left knee strain, and is now ten months out from injury and has completed more than twenty sessions of therapy already. If one looks towards the ODG guidelines, up to nine visits over eight weeks are recommended for sprains and strains of the hip and thigh and at this point the ODG suggests that the patient should be able to work on a home exercise program. The reviewer finds that medical necessity does not exist for Physical Therapy x 12 97110 97140 97112 right hip.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates
Pelvis and Hip, Physical Medicine

Recommended as indicated below. 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) (Bolgia, 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 perioperative 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)

ODG Physical Medicine Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface
Sprains and strains of hip and thigh (ICD9 843)
9 visits over 8 weeks

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)