



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 8/9/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 12 sessions of physical therapy for the right hip at Memorial Hermann Sports Medicine and Rehabilitation Katy.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 12 sessions of physical therapy for the right hip at Memorial Hermann Sports Medicine and Rehabilitation Katy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker injured her right hip and thigh area when she struck the area against the edge of a desk on xx/xx/xx. The earliest note provided is dated January 12, 2010. This note was from M.D. Dr. noted the worker's injury and stated that she was complaining of right upper leg pain with associated numbness and weakness. He stated that she had noted improvement with rest and nonsteroidal anti-inflammatory drugs. She was still having symptoms despite a trial of physical therapy. On physical examination, she had pain and tenderness over the greater trochanter, normal range of motion, no ecchymoses, and decreased sensation in the first web space over the lateral foot and leg. Dr. impressions were that the injured worker was having right leg pain, greater trochanteric bursitis, and signs and symptoms which were suspicious for a nerve palsy. He planned to treat her with Voltaren 50 mg b.i.d. and to order electrodiagnostic studies. On January 27, 2010, the injured worker received a right greater trochanteric injection.

On September 16, 2010, a MRI of the right hip was described as "unremarkable." On September 21, 2010, Dr. stated that MRI studies of the lumbar spine had shown degenerative disk disease most pronounced at L4-5. Dr. felt the injured worker had a lumbar radiculopathy.

On September 22, 2010, M.D. stated that he could see nothing on lumbar MRI to account for the right hip and leg pain. On September 24, 2010, Dr. stated that his impression was that the injured worker had right hip bursitis and should undergo physical therapy three times a week for four weeks.

On November 11, 2010, Dr. stated that the injured worker had right hip pain. He diagnosed trochanteric bursitis and a snapping hip syndrome. The injured worker was treated with a steroid injection on that date.

On November 15, 2010, , M.D. performed a Peer Review. He noted that EMG and nerve conduction studies had been done at some point and were within normal limits. He stated that the snapping hip syndrome symptoms may be due to a labral tear. He recommended an MR arthrogram.

On February 25, 2011, the injured worker was evaluated by, M.D. Dr. diagnosed a right snapping hip syndrome and right hip iliotibial band syndrome. He planned surgical treatment and on May 11, 2011, the injured worker was taken to surgery by Dr. for a right hip arthroscopy with arthroscopic synovectomy, iliopsoas tendon release, mini-open greater trochanteric bursectomy with iliotibial

band release. A right hip arthroscopy protocol physical therapy order was provided and on May 17, 2011, the injured worker was evaluated at Xxxx and she began a physical therapy program.

On May 27, 2011, Dr. stated that the injured worker was “doing fine.” She still had pain at a level 6 and was requiring medications to control the pain. He noted swelling at the surgical site. Sutures were removed. Continued physical therapy was recommended.

On June 8, 2011 at her eleventh physical therapy visit, the therapist documented that the injured worker was stronger and more mobile, but continued to demonstrate stiffness, weakness, and tenderness. The physical therapist noted that the injured worker had made gains in strength, but still had functional weakness and soft tissue restrictions that limited full time teaching. Continuation of physical therapy three times a week for four weeks was recommended.

On June 15, 2011, a sports medicine and rehabilitation daily note indicated that the injured worker did not feel she was ready to be “on her own.” She was not progressing well enough to squat and get low to pick something up off of the floor.

On July 8, 2011 Dr. noted that the injured worker was still having moderate pain at a level 5/10. She still had mild swelling over the hip and numbness at the operative site. The incision was well healed. Range of motion was said to be within normal limits. Strength was said to be 5/5, but weakness was described when the injured worker was fatigued. Dr. stated that the injured worker was progressing on a normal postoperative course, but needed more strengthening given her prolonged period of symptoms prior to surgery. He recommended continuation of physical therapy and stated that the injured worker was unable to return to work.

Prospective reviews for the request of continuation of therapy were denied on June 8 and July 25.

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

This worker injured her right hip on xx/xx/xx in a work related accident. She had extensive evaluation and treatment and was ultimately diagnosed with a snapping hip syndrome and right iliotibial band syndrome and greater trochanteric bursitis. She ultimately underwent surgery on May 11, 2011 with arthroscopy, synovectomy, iliopsoas tendon release, mini open greater trochanteric bursectomy, and iliotibial band release. She had 12 sessions of postoperative physical therapy. The treating physician noted that the injured worker was “on a normal postoperative course” but continued to need strengthening given her prolonged period of symptoms prior to surgery. The

physical therapist treating the injured worker stated that the injured worker had only a partial understanding of her home exercise program.

She still presented with functional weakness and soft tissue restrictions that were limiting her return to full time teaching activities. Both the physical therapist and the treating physician recommended continuation of skilled physical therapy to build on gains achieved and to improve in the injured worker's weakness and soft tissue limitations. The injured worker stated that she did not feel ready to carry on "on my own." She reportedly stated "I know I am progressing, but not well enough to squat and get low to pick something up off the floor."

ODG Treatment Guidelines recommend nine physical therapy visits over an eight-week period for a hip strain or sprain. There is no specific recommendation for postoperative treatment in physical therapy when the worker has had an arthroscopic procedure and bursectomy such as the one described above. The injured worker has received twelve postoperative physical therapy sessions, but according to the physical therapist, is not ready to continue on an independent home exercise program. Both the physical therapist and the treating physician as well as the patient concur that she continues to need a formal physical therapy program to achieve goals listed as a good understanding of the home exercise program, normal gait mechanics, good balance and proprioception, decreased pain, increased strength from, according to the therapist, 4-/5 to 5/5, and to improve soft tissue mobility to allow the patient to walk, sleep and navigate stairs without pain.

Because the injured worker continues to have goals which, according to the physical therapist, the physician, and the patient cannot be achieved in a home exercise program, it would seem appropriate for this injured worker to continue physical therapy three times a week for four weeks; therefore, the requested service is medically necessary.

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)