



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 11/21/11

**IRO CASE NO.:**

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

Item in dispute: Physical therapy 10/15/11-12/31/11

**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. Authorization to disclose health information dated 08/16/11
2. Office visit note dated 08/10/11, 10/05/11, 11/04/11
3. Utilization review request
4. Therapy script dated 10/05/11
5. Physical therapy reevaluation dated 09/09/11, 10/11/11
6. Utilization review determination dated 10/13/11, 10/19/11
7. Letter dated 10/24/11
8. Discharge summary dated 07/29/11
9. Operative note dated 07/24/11
10. ***Official Disability Guidelines***

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

The employee is a male whose date of injury is xx/xx/xx. On this date the employee was hit from behind by a plastic pipe, knocked off his feet and landed on his left shoulder. The employee sustained a left proximal humerus fracture and left bicondylar tibial plateau fracture.

The employee underwent ORIF of left proximal humerus and left proximal tibia bicondylar plateau fracture on 07/24/11. Postoperatively the employee underwent inpatient physical therapy and occupational therapy for mobility.

Follow up note dated 08/10/11 indicated that the employee was doing well. He was not on any narcotic pain medication. Physical examination showed his wounds look good.

Physical therapy reevaluation dated 09/09/11 indicated that the employee had completed seven sessions of physical therapy. Knee range of motion is -12 to 112 degrees and left lower extremity strength is 4-/5 throughout.

Follow up note dated 10/05/11 stated that physical examination shows "everything looks fine". He was neurovascularly intact. He was getting some motion back in his joints. Physical therapy reevaluation dated 10/11/11 indicates that the employee had completed seventeen sessions of physical therapy. The employee was able to walk in parallel bars for a short period of time before his leg becomes fatigued. Strength was rated as 4- to 4 throughout the left upper extremity and left lower extremity.

Initial request for physical therapy x 24 3 x 8 left humerus and tibia fracture 97110 and 97140 was non-certified on 10/13/11 noting that the employee has completed twenty postoperative physical therapy sessions. **Official Disability Guidelines** support 24-30 sessions of physical therapy post-ORIF of left humerus and left tibial plateau ORIF.

There was an appeal dated 10/19/11 noting that the request for an additional twenty-four physical therapy visits exceeded ODG guidelines. ODG allows up to twenty-four visits status post humerus fracture and up to thirty visits status post tibia fracture. The employee had demonstrated improvement with physical therapy, but continues to have pain. There were no notes from the treating doctor to assess current deficits and objective signs of improvement with physical therapy.

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

Based on the clinical information provided, the request for physical therapy 10/15/11-12/31/11 is not recommended as medically necessary. The submitted records indicate

that the employee sustained a left proximal humerus fracture and left bicondylar tibial plateau fracture. The employee underwent ORIF of left proximal humerus and left proximal tibia bicondylar plateau fracture on 07/24/1 and has subsequently completed 20 sessions of postoperative physical therapy to date. The **Official Disability Guidelines** support up to 30 visits for tibial plateau fracture and up to 24 visits of physical therapy for humerus fracture. There is no clear rationale provided to support exceeding these recommendations. There are no exceptional factors of delayed recovery documented. The employee's compliance with a structured home exercise program is not documented. Given the current clinical data, the requested physical therapy is not indicated as medically necessary.

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

1. ODG Knee and Leg Chapter  
Fracture of tibia and fibula (ICD9 823)  
Medical treatment: 30 visits over 12 weeks  
Post-surgical treatment (ORIF): 30 visits over 12 weeks
2. ODG Shoulder Chapter  
Fracture of humerus (ICD9 812):  
Medical treatment: 18 visits over 12 weeks  
Post-surgical treatment: 24 visits over 14 weeks