

SENT VIA EMAIL OR FAX ON  
Dec/12/2011

## Applied Assessments LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Dec/09/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Physical Therapy 3 X wk C 6 wks Multiple Trauma

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

**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**

OD Guidelines  
Cover sheet and working documents  
Utilization review determination dated 11/09/11, 10/31/11  
Discharge summary dated 11/30/10, 03/30/11  
Treatment plan dated 05/11/11  
Occupational therapy report dated 05/11/11  
Initial assessment dated 03/30/11  
Physical therapy report dated 05/23/11  
History and physical dated 03/11/11, 06/02/11, 06/22/11, 07/13/11, 07/27/11, 08/15/11, 09/09/11, 09/28/11, 10/13/11  
Chart note dated 08/08/11  
Clinic note dated 08/11/11  
Reevaluation dated 07/12/11, 07/14/11, 09/07/11, 09/21/11, 10/03/11, 10/26/11, 11/02/11  
Speech language pathology dated 11/08/11, 11/03/11, 11/02/11, 10/31/11, 10/25/11, 10/24/11, 10/19/11, 10/12/11, 09/22/11, 09/20/11, 09/19/11  
Letter dated 11/01/11

Office note dated 11/14/11, 11/14/11  
Mobility/wheelchair seating evaluation dated 09/27/11  
Rehabilitation order form dated 06/02/11  
Evaluation dated 06/14/11

#### **PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was . The patient sustained multiple injuries including scalp avulsion, contusions, rib fractures, wrist fracture, ankle fracture and multiple lacerations. The patient underwent decompression and debridement and ORIF of left, ORIF of 5th metacarpal with closed reduction of radius and ORIF of right ulna. The patient had a prolonged hospital course which was compounded by left CVA which resulted in dense right hemiparesis. The patient was vent dependent. The patient had a PEG and also had an inferior vena cava filter placed. The patient was later admitted to T on 11/30/10 for continued care and low tolerance rehab. From there the patient was discharged to a skilled nursing facility in. Note dated 03/11/11 indicates that the patient made steady progress and is now being admitted to Hospital for a more intensive rehab. Discharge summary from Hospital dated 03/30/11 indicates that the patient tolerated the rehab program and eventually reached a plateau due to his cognitive deficits and his dense right hemiparesis. Arrangements were made to transfer the patient to for continued care. The submitted records indicate that 48 physical therapy sessions have been authorized since 06/20/11 and 36 occupational therapy visits have been authorized since 06/20/11.

Initial request for physical therapy 3 x wk x 6 wks was non-certified on 10/31/11 noting that per 09/09/11 note, the patient is still homebound and is unable to perform ADLs without assistance, still suffering from multijoint trauma along with a TBI. Physical examination revealed right shoulder decreased range of motion with crepitation, left hand has change of generalized osteoarthritis, left shoulder some decreased range of motion with few crepitations, right knee difficult to assess, left knee decreased range of motion, some crepitation, minimal laxity, C/S and L/S few spasms. There is no documentation of functional goals and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. The proposed frequency, duration and time frame exceeds the recommendations of PT guidelines. The denial was upheld on 11/09/11 noting that the recent medicals did not contain updated short and long term treatment goals that delineate the endpoint of care of the requested service. The patient has already had authorization for 48 PT sessions and this is a request for 18 additional sessions. This is deemed in excess of guideline recommendations.

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

Based on the clinical information provided, the request for physical therapy 3 x wk x 6 wks multiple trauma is not recommended as medically necessary, and the previous denials are upheld. The patient has undergone extensive rehabilitation starting with a prolonged hospital course, admission to on 11/30/10 for continued care and low tolerance rehab, subsequent transfer to a skilled nursing facility, admission to Hospital for a more intensive rehab, and more recently 48 physical therapy sessions have been authorized since 06/20/11 and 36 occupational therapy visits have been authorized since 06/20/11. The submitted records fail to establish specific, time-limited treatment goals as well as endpoint of care. There is no documentation provided as to why remaining functional deficits cannot be addressed with an independent, self-directed home exercise program. The requested ongoing physical therapy exceeds Official Disability Guidelines recommendations. 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**

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES