I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

Jan/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Physical Therapy of three times a week for three weeks to the left hip 97110 97112 97140

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board-certified in Physical Medicine and 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
Adverse Determination Letters, 12/2/10, 1/5/11
11/8/10 to 1/5/11
Imaging 10/13/10
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY
This claimant has a date of birth of xx/xx/xx. The claimant was working. She fell 12 feet on xx/xx/xx. She complains of low back, left knee and left hip pain. Her diagnosis was a left hip contusion. She was to see an orthopedist for her left knee secondary to a possible ACL avulsion fracture. She had a Lumbar MRI on 10/13/2010 that shows a 4-5 mm disc protrusion with no nerve compression. She has lumbar flexion of 40 degrees. Left knee flexion is 85, left hip flexion is 60. She takes Etodolac and celebrex. There is no weakness in the lower extremities on examination. She did have a psychologic evaluation with BAI of 8 and BDI of 11. She has had 12 visits with physical therapy. The AP indicates this was directed toward her lumbar spine. She is currently receiving psychologic treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
This claimant presented with back pain, hip contusion and knee pain. She did have therapy for the back allowing early mobilization of the back and the lower extremities. The claimant

has a diagnosis of a left hip contusion. The request is for PT for her left hip. Physical therapy is not appropriate for a bruise of the hip according to ODG. There are no strength deficits in the lower extremities. The reviewer finds no medical necessity for Physical Therapy of three times a week for three weeks to the left hip 97110 97112 97140.

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

[X] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
Management of bruising: A cool pack and oral analgesia are helpful in the first few hours after bruising; however, specific treatment is rarely necessary. Early mobilisation assists in a speedy recovery. MJA Practice Essentials – Paediatrics Simon J Young, Peter L J Barnett and Ed A Oakley Series editors: Richard Couper, Richard Henry and Michael South
MJA 2005; 182 (11): 588-592

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)