

SENT VIA EMAIL OR FAX ON
Dec/17/2010

True Decisions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

4 additional visits of physical therapy to the low back, left hip and knee over 4 weeks

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

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

OD Guidelines

MRI left hip: 09/16/09

MRI left knee: 09/16/09

Dr., office notes: 12/14/09, 01/18/10, 01/25/10, 09/20/10, 10/25/10

MRI lumbar spine: 01/21/10

PT Progress Report: 11/01/10

Peer Review: 11/11/10, 11/18/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his left hip, left knee and low back on xx/xx/xx when he fell 3-4 ft into a sinkhole. An MRI of his left hip on xx/xx/xx showed advanced osteoarthritic changes. An MRI of his left knee also on xx/xx/xx revealed some subcutaneous edema anterior and anterolaterally likely related to the recent fall. There were chronic and acute changes at the distal patellar tendon as it inserted onto the tibial tuberosity.

The claimant was initially treated with a steroid injection into his left knee. Dr. observed that the claimant would need a total hip replacement at some point. The claimant developed radicular like symptoms in his left lower extremity and underwent a lumbar MRI on 01/21/10. This showed multilevel changes of spondylosis and moderate central canal narrowing most advanced at the L4-5 level. An office note from Dr. on 09/20/10 indicated that the claimant had definitely improved following facet injections at L3-S1, but his left hip and left knee continued to bother him. When the claimant saw Dr. on 10/25/10, he was having less discomfort and was more mobile having done some aquatic therapy. Dr. indicated that the claimant was making good progress but still had quite a bit of knee and low back discomfort. Dr. recommended that the claimant have an additional 12 aquatic therapy visits. A physical therapy progress noted dated 11/01/10 indicated that the claimant had attended 8 visits and had shown significant progress toward his goals with the exception of pain. It noted that the claimant was progressing toward independence in his home exercise program. The therapist recommended 4 more physical therapy visits for aquatics due to the progress the claimant had made to date. The claimant was then to be independent in a home exercise program for aquatics. The request for additional physical therapy was noncertified in a peer review dated 11/11/10 because the claimant had already had 8 visits and an additional 4 visits would exceed the guidelines. The peer review noted that the claimant's reported injury was approximately 14 months ago and the claimant should have been fully transitioned to performing independent exercise. A second peer review on 11/18/10 also noncertified the additional physical therapy as the medical necessity could not be determined due to lack of clear and sufficient clinical information.

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

Four additional physical therapy visits cannot be considered medically necessary or appropriate based upon review of the records provided in this case.

If one looks towards the Official Disability Guidelines for lumbar sprains and strains, 10 visits over eight weeks is recommended. This claimant has already undergone eight visits in therapy and has made good progress. Dr. has noted no impairments on physical examination, which would be limiting to the claimant. It is uncertain why he would benefit from additional physical therapy visits.

Four additional visits would exceed the Official Disability Guidelines. Therefore, based upon the Official Disability Guidelines, four additional visits in physical therapy cannot be considered medically necessary or appropriate based upon review of the records provided.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back, Hip and Pelvis, Knee and Leg:
Physical Therapy

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)