

MATUTECH, INC.

PO BOX 310069
NEW BRAUNFELS, TX 78131
PHONE: 800-929-9078
FAX: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 27, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 3 x 4 left hip (97110, 97010, 97002)

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

Fellow American Academy of Orthopaedic Surgeons

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who fell about two feet while at work, directly onto his left hip on xx/xx/xxxx. He was wearing safety glasses and it distorted his depth perception and he slipped with the right foot and fell on the left hip.

2010: Following the injury, M.D., evaluated the patient and noted that the left lower extremity was shortened and externally rotated. X-rays revealed a displaced left femoral neck fracture. The next day, Dr. performed left hip bipolar hemiarthroplasty.

M.D., noted history was significant for hypertension, chronic obstructive pulmonary disorder (COPD), hernia repair and left elbow open reduction internal fixation (ORIF). The patient also had a history of obesity, tobacco and alcohol abuse. Dr. diagnosed left hip fracture and recommended rehabilitation.

Postoperative x-rays were unremarkable. The patient underwent a physical therapy (PT) evaluation.

2011: On January 5, 2011, the patient started with PT consisting of therapeutic exercises and moist heat.

In the interim, Dr. noted the patient was doing well but complained of some groin and left lateral hip pain along with some soreness. Therapy was continued.

On March 21, 2011, M.D., performed a designated doctor evaluation (DDE) and placed the patient at clinical maximum medical improvement (MMI) with 20% whole person impairment (WPI) rating. Per Dr., the patient should have remained off work until present time.

A functional capacity evaluation (FCE) revealed the patient could perform in a medium physical demand level (PDL) with occasional lifting up to 50 pounds and frequent lifting up to 20 pounds. He was unable to do overhead lifting greater than 10 pounds. He could sit up to 8 hours per day, two hours at a time and stand up to one hour per day, 30 minutes at a time with cane use. He was unable to balance, twist, squat, crawl and kneel.

On April 25, 2011, the patient completed his 26th visit of therapy. He reported he was improving. His goals of increasing range of motion (ROM), decreasing pain, increasing strength, improving gait were not met. The evaluator recommended approval for additional 2-3 x/week for 4 weeks of therapy.

On May 4, 2011, D.O., denied the request for physical therapy 3 x 4 left hip (97110, 97010, 97002) based on the following rationale: *“Documentation indicates the patient underwent a prior ORIF for a, left hip femoral fracture on. The patient had completed 26 sessions of physical therapy to date. The physical therapy note submitted for review failed to indicate the patient made any significant functional improvement with left hip range of motion and/or motor strength. Official Disability Guidelines recommend up to 24 sessions of physical therapy for patients who are status post surgical treatment for femur fracture. The request for 12 additional sessions combined with prior treatment would exceed evidence based guidelines for total duration of care. In addition, guidelines recommend active versus passive modalities. Therefore, CPT code 97010 would not be warranted. As such, the clinical documentation provided does not support the certification of the request at this time”.*

On May 16, 2011, Dr. noted the patient was six months postoperative. The patient was progressing well but his PT was denied. He reported that it was helping and he was making progress, but he needed more PT to get stronger. He still had a limp. Dr. also felt the patient needed more PT to continue strengthening of his hip muscles and tried to get more PT approved for him. The patient was advised to follow-up in six weeks.

On June 1, 2011, M.D., denied the appeal for physical therapy 3 x 4 left hip (97110, 97010, 97002) based on the following rationale: *“As per medical report dated May 16, 2011, the patient complains symptoms of the left hip. On physical examination, the left hip has full range of motion with pain at the limits. There is significant positive gait. Upon review of the report, the interim therapy progress reports were not presented for this review to distinguish the clinical and functional response of the patient to the treatment. Furthermore, the number of requested visits on top of the previous therapy sessions exceeds the recommendation of the referenced guidelines. As the guidelines indicate, when treatment duration exceeds the recommendation, exceptional factors should be noted. There is*

none in the records submitted that mention such, exceptional factors”.

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

THE CLAIMANT SUSTAINED A FRACTURE OF THE LEFT FEMORAL NECK. HE UNDER WENT A HEMIARTHROPLASTY. POST-OPERATIVELY THE CLAIMANT HAS HAD OVER 26 SESSIONS OF PHYSICAL THERAPY. FURTHER PHYSICAL THERAPY IS BEING REQUESTED FOR “HIP STRENGTHENING”. BASED ON THIS REVIEW, THE ODG GUIDELINES STATE THAT 24 VISITS OF PHYSICAL THERAPY ARE ALLOWED THE PATIENT HAS FULL RANGE OF MOTION OF HIS HIP BUT STILL HAS A LIMP WHICH WOULD NOT BE UNEXPECTED FOR THIS TYPE OF INJURY WITH THE PATIENT’S OTHER CO-MORBIDITIES. THERE WERE NO RECORDS SUBMITTED TO NOTE EXCEPTIONAL FACTORS TO WARRANT THE FURTHER PHYSICAL THERAPY.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES