



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 01/16/12

**IRO CASE NO.:**

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

Item in dispute: Home Health Physical Therapy 3 x 2 x 7 Weeks.

**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. Operative note dated 06/08/10 and 11/18/11
2. Clinical notes dated 09/16/11, 10/28/11, 11/14/11, 12/05/11
3. Physical therapy notes dated 11/23/11
4. Home health certification and plan of care dated 11/21/11
5. ***Official Disability Guidelines***

**PATIENT CLINICAL HISTORY (SUMMARY):**

This is a male with a reported date of injury of xx/xx/xx.

On 06/08/10, this employee was taken to surgery for preoperative diagnosis of right knee advanced degenerative joint disease. The procedure performed was right total knee arthroplasty and removal of the hardware right leg.

On 09/16/11, this employee was seen in clinic. At that time, he had complaints of right knee pain. Medical history was significant for ACL reconstruction of the right knee and total knee arthroplasty of the right knee. After the total knee arthroplasty, the claimant continued to experience pain in the right knee. He also complained of subjective instability. He had a past medical history of hypertension, Type II diabetes, depression, coronary artery disease with a bare metal stent in April, 2011.

An echocardiogram in November, 2011 showed normal sinus rhythm and normal size of the left ventricle with a normal wall thickness. The employee was without medications prior to surgery.

On 11/18/11, this employee was taken back to surgery for preoperative diagnosis of failed right total knee arthroplasty secondary to instability and patellofemoral crepitus. The procedure performed was revision right total knee.

On 11/21/11, home health plan of care was established for this employee. This indicated that this was for aftercare of joint replacement with abnormality of gait, chronic pain syndrome, vascular compromise and renal failure.

On 11/23/11, a physical therapy evaluation was performed. This examination showed the employee to be status post right total knee revision.

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

The original decision dated 12/07/11 indicated that home health physical therapy was not recommended. The need for physical therapy by home health was not established as the employee was clearly described as ambulatory, and there was no information from the provider to justify home health procedures.

The appealed decision dated 12/23/11 indicated that the original decision was upheld as the employee was ambulatory and the medical records did not demonstrate his inability to participate in outpatient physical therapy. Records indicated the employee was ambulatory with a bit of an antalgic gait and decreased strength in the lower extremities, and there was no documentation of strength testing in the right lower extremity. Therefore, based on the medical records provided the appealed decision was that the physical therapy home health was not considered reasonably necessary. The medical records submitted for this review do not indicate this claimant's inability to perform outpatient physical therapy and do indicate that he was ambulatory. Therefore, the medical records submitted for this review do not support home health physical therapy as being reasonable and necessary.

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

*Official Disability Guidelines*, knee chapter, online version

Home health services:

Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or “intermittent” basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)