

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/05/2012

**IRO CASE #:**

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

Physical therapy 2-3 times per week for 4 weeks

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

M.D., Board Certified Physical Medicine and Rehabilitation

**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**

Official Disability Guidelines

Request for IRO dated 02/14/12

Utilization review determination dated 02/01/12

Utilization review determination dated 02/07/12

Clinical records dated 11/28/11, 12/29/11, and 01/22/12

Physical therapy treatment records dated 01/25/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is status post a right total hip arthroplasty on 10/18/11. The claimant was seen in follow-up by on 11/28/11. He is reported to be doing fairly well with minimal complaints. He is reported to have almost completed a course of physical therapy at the Highlands. Additional therapy is recommended as he cannot walk without a walker. The claimant was seen in follow-up on 12/29/11. He is reported to be doing well. He still has significant weakness. There was a two-year delay getting surgery authorized. He can almost walk without a walker at this point but only for short distance. He is continued in physical therapy. The claimant was seen in follow-up by on 01/23/12 and reported to be doing fairly well. He is reported to be making progress with strength and continues to have back pain. He has reduced lumbar range of motion and cannot walk without 4-point cane. He was continued in physical therapy. Records indicate the claimant was seen for physical therapy evaluation on 01/25/12. It is noted he apparently fell in his bathroom, and apparently sustained fracture of right hip. He had conservative treatment, which failed to resolve his problems and ultimately underwent surgery. He has had outpatient physical therapy and has been attending with good compliance. He has had recent increase in low back pain.

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

The claimant is status post right total hip arthroplasty on 10/18/11. The claimant is noted to have had extensive postoperative physical therapy which includes inpatient / outpatient care. The claimant is noted to have slowly progressed in physical therapy and reached a point

where he ambulates with use of 4-point cane. No physical therapy notes were provided to establish why the claimant made such slow progress. There is no indication the claimant would receive further benefit from additional physical therapy. Clearly given the therapy provided to date, the claimant should be capable of performing a daily self-directed home exercise program to maximize his recovery. Given the clinical data, the reviewer finds there is not medical necessity for Physical therapy 2-3 times per week for 4 weeks.

**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)