

Notice of Independent Review Decision

April 1, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 Sessions Gait Training 97116

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. The physician has been in practice since 1998 and is licensed in Texas, Oklahoma, Minnesota and South Dakota.

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Upon independent review, I find the previous adverse determination should be overturned.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Received: 18 page fax 03/12/13 Texas Department of Insurance IRO request, 59 pages of documents received via fax on 03/12/13 URA response to disputed services including administrative and medical. 25 pages of documents received via fax on 03/12/13 Provider response to disputed services including administrative and medical. Dates of documents range from xx/xx/xx (DOI) to 03/12/13.

PATIENT CLINICAL HISTORY [SUMMARY]:



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is a female with numerous pain complaints, including neck, left shoulder, left knee, and bilateral wrist and hand pain, allegedly suffered when she slipped and fell on xxxxx while working.

Medical records available are somewhat sparse with regards to early treatment for these injuries but would appear to include surgeries for both the left shoulder and the left knee.

Most recently, she was evaluated and found to have a severely antalgic and abnormal gait as well as evidence for reduced range of motion of the affected left knee.

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

The only recent medical records available to review are from the requesting physician. These records show evidence for reduced range of motion and severely antalgic gait. Unfortunately, there are no other recent records. Particularly of note is the absence of records from the surgeon who performed the total knee replacement surgery and any evidence for subsequent physical therapy treatment. In the absence of those records and in light of documentation, it would appear that the requested services meet *ODG* guidelines.

ODG -TWC

ODG Treatment

Integrated Treatment/Disability Duration Guidelines

Knee & Leg (Acute & Chronic)

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| Gait training | Recommended. Gait training is teaching patients with severe neurological or musculoskeletal disorders to ambulate, or to ambulate with an assistive device, and is necessary for training individuals whose walking abilities have been impaired by neurological, muscular or skeletal abnormalities or trauma. Gait training is not appropriate when the individual's walking ability is not expected to improve, or for relatively normal individuals with minor or transient abnormalities of gait who do not require an assistive device, when these transient gait abnormalities may be remedied by simple instructions to the individual. Gait training may include treadmill training and body-weight support systems, as well as other modalities. (Brosseau, 2006) In this cohort study, gait training was positively associated with outcomes for all three groups, patients with total knee arthroplasty (TKA), patients with stroke, and patients with traumatic brain injury (TBI). (Dejong, 2011) Gait training, muscle strengthening, and other exercise training are considered active procedures, and are recommended. The CPT procedure code for gait training is 97116, and it is done 44% of the time for a broken leg, ICD9 821.01. (ODG-CPT, 2001) See Physical therapy for specific guidance. Walking with a toe-out gait consistently reduces the second peak of the knee adduction moment, but does not affect the first peak with the same consistency across studies. Knee osteoarthritis |
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(OA) is closely associated with the development of a high external knee adduction moment, which reflects compression of the medial compartment of the knee, and the nature of biomechanical loading at the knee joint can be altered by a number of conservative intervention strategies, which are potentially capable of slowing the progression of the disease. Walking with a toe-out gait, with the foot externally rotated with respect to the direction of progression, reduces the knee adduction moment in patients with medial knee OA. With respect to the long-term influence of toe-out gait, an increased baseline toe-out angle is associated with a reduced likelihood of disease progression in patients with medial knee OA. Although data relating to the long-term effects of toe-out gait are scarce, its immediate effect is to consistently reduce the second peak of the knee adduction moment, with less consistent effects upon the first peak of this parameter. Despite this strategy being relatively simple and not requiring any equipment, it does require permanent adoption of an altered gait by the patient. Nevertheless, if patients can adhere to this strategy, it offers potential for reducing the progression of knee OA. ([Reeves, 2011](#))

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

- ACOEM- AMERICAN 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)