



ALLMED REVIEW SERVICES INC

ktomsic@allmedreview.com

627 Russell Blvd.

Nacogdoches, TX 75965

936-205-5966 office

(214)802-2150 cell

(888) 272-0749 toll free

(936)205-5967 fax

Notice of Independent Review Decision – Amended

Date notice sent to all parties: 6/13/2013 and 6/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 Physical Therapy Visits for the Right Hip between 5/7/2013 and 7/6/2013,
CPT code 97110

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

Texas Licensed Board Certified Physical Medicine & Rehabilitation Physician

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Initial Request 4/29/13
2. Initial Determination Letter and Peer Report 5/3/13
3. Appeal Request
4. Appeal Determination Letter and Peer Report 5/10/13
5. LHL009 Form
6. Notice of IRO Assignment
7. ODG Guidelines
8. medical notes 2/28/13
9. Rehabilitation Hospital notes 3/27/13-4/19/13
10. History and Physical 2/14/13
11. Progress Notes 2/28/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records reflect that the patient is a male who sustained an accident on xx/xx/xx. There is a rehab admission note dated 02/14/2013 which outlines clinical history. The patient has past medical history of diabetes mellitus, low testosterone, and traumatic brain injury. He reportedly had been injured on xx/xx/xx while walking from his parked truck across the parking lot to security building and he was struck by a vehicle. He sustained multiple injuries including a subdural hematoma, subarachnoid hemorrhage, left occipital parietal hematoma, parenchymal contusions, frontal and parietal fractures, and occult fractures. He was subsequently hospitalized and then treated at. The notes indicate that he fell at home on 01/19/2013 and was found to have a comminuted intertrochanteric right femur fracture with varus angulation. He subsequently underwent right hip surgery on 02/04/2013.

The medical records reflect that he is status post right intertrochanteric hip fracture, closed reduction, and intramedullary nailing dated 2/4/13. He underwent rehab admission inpatient on 02/14/2013. His prior admission to rehab was 02/20/2012. The patient was treated with multidisciplinary inpatient rehabilitation and discharged to an outpatient program.

There are subsequent physical therapy progress notes dated 03/28/2013-04/26/2013 available for review. On 04/18/2013 the patient presented without complaints. On 04/19/2013 the patient reportedly complained of pain rating it as 0/10 in a pain scale at rest and 4/10 in a pain scale with range of motion of the right hip. The patient had already received 9 physical therapy sessions according to the physical therapy progress note. Later the facility reportedly verified that the patient had received 12 physical therapy visits and 11 occupational therapy visits.

On physical examination, lower extremity strength is at 4-4+/5 on left hip flexion, extension, abduction, adduction, internal rotation and external rotation. Left hip extension is at 0 degree. Right hip flexion is at 90 degrees, 0 degrees on extension, 18 degrees abduction, 0 degrees adduction and internal and external rotation is limited. Right knee extension is -5 degrees, ankle dorsiflexion is at 0

degree and ankle plantarflexion, inversion and eversion are limited. Strength testing of the right lower extremity revealed 2+/3+ on hip flexion, 3/5 on hip extension, 2-/5 hip abduction, 3/5 hip adduction, 2+/5 on hip internal and external rotation, 3-/5 on knee flexion and extension, 1/5 on ankle dorsiflexion, 3-/5+ on ankle plantar flexion and 0/5 on ankle eversion and inversion. The patient had an antalgic gait. Weight shift is decreased to right lower extremity. He has decreased hip flexion and uneven step size but, he has improved step length on right lower extremity. Coordination is diminished on the right. In addition, tenderness is noted at the right hip area but is decreased since initial evaluation. The patient was able to ambulate with a rolling walker 250 feet. Recommendation includes continue with plan of care with treatment frequency of 2-3 times a week for 4-5 weeks.

Current request is for 6 Physical Therapy Visits for the Right Hip between 5/1/2013 and 6/30/2013.

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

ODG guidelines address hip fracture and estimated number of physical therapy sessions.

Official Disability Guidelines Treatment in Workers' Compensation, Online Edition
Chapter: Hip & Pelvis
Physical Therapy

ODG Physical Therapy Guidelines -

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".

Fracture of pelvis (ICD9 808):

Post-surgical treatment: 24 visits over 10 weeks

ODG Preface

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

ODG Physical Medicine Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less).

Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface <../preface.htm>.

Fracture of neck of femur (ICD9 820):

Medical treatment: 18 visits over 8 weeks

Post-surgical treatment: 24 visits over 10 weeks

Fracture of pelvis (ICD9 808):

Medical treatment: 18 visits over 8 weeks

Post-surgical treatment: 24 visits over 10 weeks

In addition, active self-directed home PT may include Simple Hip-Strengthening Exercises:

Hip-flexors — Standing beside a chair, without bending at the waist, bend one knee up as close to chest as possible. Lower leg to floor. Repeat with other leg.

Hip abductors — Standing erect and holding onto the back of a chair, without bending at the waist or knee, move one leg straight out to the side, making sure that the toes point forward. Lower the leg and repeat on other side.

Hip-extensors — Stand holding onto the back of a chair, and bend forward about 45 degrees at the hips. Lift one leg straight out behind you as high as possible without bending the knee or moving the upper body. Lower leg and repeat on other side.

In this case, the patient is a man who suffered multiple injuries on xx/xx/xx when he was struck by a vehicle. The patient is status post right intertrochanteric hip fracture, closed reduction, and intramedullary nailing dated 2/4/13 after he fell at home.

In this case, the patient received multidisciplinary inpatient rehabilitation followed by outpatient physical therapy visits between 03/27/2013 through 04/26/2013.

Medical information does not support the medical necessity and appropriateness of 6 additional physical therapy visits between 5/7/2013 and 7/6/2013.

As of 4/18/2013 the patient was having no pain. As per 4/19/13 physical therapy note, the patient complained of pain which was at 0/10 on VAS at rest and 4/10 with range of motion of the right hip. Examination showed left lower extremity strength was 4-5/5, right lower extremity and right hip strength at 2-/5. Right hip ROM was 90 degrees on flexion, 0 degrees on extension, 18 degrees on abduction, 0 degrees on adduction, and limited on both internal and external rotations. The patient had completed 12 physical therapy visits to date and eleven occupational therapy visits to date (as per UR nurse's clinical summary).

In this case, it is unclear why 6 additional physical therapy visits would be

medically necessary and appropriate given the clinical history and improvement noted. Similar gains should be achievable with a self supervised home exercise program given the number of sessions of skilled physical therapy attended by claimant. There are no new rehabilitation goals noted. The main focus of physical therapy is to transition a patient to a self supervised home exercise program. The patient had already received multidisciplinary inpatient rehabilitation followed by what appears to be a sufficient outpatient rehab course with both outpatient physical therapy and occupational therapy. ODG guidelines address estimated number of visits for hip fracture and the patient received what appears to be a sufficient number of visits given his clinical history.

There is no other information provided in the notes to override ODG guidelines or support the specific medical necessity and appropriateness of 6 additional physical therapy visits.

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)