

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 15, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed extension: Physical Therapy Left Leg

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
Unk	extension: Physical Therapy Left Leg		Prosp	1			Xx/xx/xx	xxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 18 pages of records received to include but not limited to: FOL letter 6.27.13; ODG Physical Medicine Treatment; letters 5.13.13, 5.17.13; record 3.12.13; UR Department 4.10.13; Rehab records 4.8.13-5.6.13

Requestor records- a total of 137 pages of records received to include but not limited to: Rehab therapy notes 1.16.13-5.22.13; letters 1.21.13, 5.13.13, 5.17.13; records 12.21.12-2.12.13; Hospital records 9.26.13; UR Dept record 1.17.13-5.3.13; fax confirmation

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee reportedly sustained an open left proximal tibia fracture on xx/xx/xx. The injured employee was struck by a vehicle. The medical records support that the injured employee underwent initial application of an external fixator for stabilization of the fracture, followed by additional surgical intervention that was not specified, to address the fracture and a reported infection.

A physical therapy prescription from December 21, 2012, documented the injured employee to be at a 50% partial weight-bearing status on the left lower extremity. Range of motion and strengthening of the left lower extremity was ordered with the brace in place. Initially, nine physical therapy sessions were requested, with an additional nine therapy sessions requested on January 15, 2013.

On January 16, 2013, a physical therapy progress note documented range of motion of the left knee from 0 to 50 degrees compared to 0 to 130 degrees on the right.

On February 11, 2013, the injured employee was noted to be allowed to full-weight bear on the left lower extremity. Range of motion of the left knee was from 0 to 79 degrees.

evaluated the injured employee on February 12, 2013. The x-ray studies were noted to document further healing of the proximal tibia fracture. The treatment recommendations were for continued physical therapy with a full-weight bearing status on the left lower extremity without the use of a brace.

On March 11, 2013, a physical therapy progress note documented active and range of motion of the injured employee's knee to be from 0 to 83 degrees and passive flexion to 88 degrees. On March 25, 2013, passive flexion of the injured employee's knee was to 95 degrees.

On April 8, 2013, the injured employee was noted to have range of motion of the knee actively from 10 degrees to 95 degrees. Active assisted range of motion was from 5 to 100 degrees. The injured employee was noted to have completed 37 physical therapy sessions at the time of the evaluation.

On April 24, 2013, flexion of the left knee was noted to be 120 degrees in a physical therapy progress note.

re-evaluated the injured employee on May 7, 2013, and noted that the x-ray studies documented solid healing of the fracture. Range of motion of the injured employee's left knee was documented to lack just a few degrees of extension and flexion to 95 degrees.

The most recent physical therapy progress report from May 24, 2013, documented continued good gains in range of motion of the left lower extremity with flexion at the knee with no objective range of motion measurements provided.

most recently evaluated the injured employee on June 4, 2013. The physical examination findings documented the injured employee to lack a few degrees of extension of the left knee. Some quadriceps weakness was also noted and treatment recommendations were for additional formal physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines (ODG) Knee and Leg Chapter, updated June 7, 2013, up to 30 sessions of formal physical therapy are supported over a twelve-week timeframe following surgical intervention for a tibial fracture. Treatment to date has already exceeded ODG treatment guidelines by about 10 visits and the most recent physical therapy progress reports and progress note from the treating provider have not documented objective range of motion measurements. The treating provider has recommended extending the formal physical therapy sessions but has not documented any significant functional deficits to support further exceeding treatment guidelines that could not be addressed with a self-directed home exercise program. At this time, there are not any recent objective range of motion measurements or any significant functional deficit to support exceeding treatment guidelines with additional formal physical therapy when a self-directed home exercise program should suffice. The previous non-certification was reviewed and based on the fact that there was no functional deficit documented which could not be addressed with a home exercise program. It was also noted that the treating provider did not document any significant circumstances or reasoning as to why a home exercise program would not be acceptable treatment at this time. The treating provider has only submitted an additional progress report which documented no objective range of motion measurements of the injured employee's left knee to support further exceeding treatment guidelines. It is noted that the injured employee had a significant injury to the left lower extremity and underwent extensive treatment including surgery, oral medications, limited weight-bearing status, and extensive physical therapy. The request for extension of formal physical therapy is not supported at this time and cannot be certified. The previous non-certification is upheld following a review of the available medical records.

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

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES