

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jun/25/2013

**IRO CASE #:**

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

Physical Therapy 3 X 6 left leg

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

Board Certified Orthopedic Surgeon (Joint)

**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 health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 05/17/13, 05/03/13

Office note dated 01/08/13, 11/28/12, 02/26/13, 01/29/13, 04/23/13, 05/28/13, 04/02/13, 12/11/12, 12/04/12

Phone note dated 01/30/13, 01/29/13, 12/03/12

Student claim form dated 05/30/13

CT left knee dated 03/12/13

Letter dated 02/21/13, 03/21/13, 03/28/13, 04/01/13

DWC form-041 dated 03/28/13

Radiographic report dated 01/08/13, 05/28/13, 04/02/13, 02/26/13, 01/29/13, 12/04/12, 11/19/12

History and physical dated 12/04/12

Script dated 05/22/13, 05/28/13, 04/23/13, 04/18/13, 04/02/13, 03/21/13, 03/11/13, 02/26/13, 02/21/13, 02/11/13, 01/29/13, 01/22/13, 01/14/13, 12/31/12, 12/19/12, 12/11/12,

Procedure note dated 11/19/12

Progress note dated 01/30/13, 01/11/13, 12/14/12, 02/21/13, 03/21/13, 04/19/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell off the back of a truck and sustained a left tibial plateau fracture. The patient underwent ORIF left knee tibial plateau fracture on 11/19/12. CT of the left knee dated 03/12/13 revealed status post ORIF comminuted tibial plateau fracture with nonunion. Per progress note dated

04/19/13, the patient has completed 36 physical therapy visits to date. On physical examination left knee PROM is flexion 130 and extension 7 degrees. Strength is rated as 4/5 in flexion and 4-/5 in extension. Note dated 05/28/13 indicates that the patient has been utilizing a bone growth stimulator over the left knee on a daily basis. He lacks about 4 degrees of full extension and has flexion of about 1-5 degrees. X-rays of the left knee on this date demonstrate evidence of progressive healing of the proximal tibial fracture alignment.

Initial request for physical therapy 3 x 6 left leg was non-certified on 05/03/13 noting that the Official Disability Guidelines recommend up to 30 visits of postoperative physical therapy for fractures of the tibia/fibula. The claimant has exceeded guideline recommendations with 38 visits of physical therapy to date. A significant increase in function was not noted and it was documented the claimant was suffering from a tibial plateau fracture for which a bone growth stimulator has been ordered. The denial was upheld on appeal dated 05/17/13 noting that although the patient continues to complain of pain with demonstrated deficits in range of motion, strength, balance and gait, the patient has completed 38 visits of physical therapy which exceeds the guideline recommendations of 30 visits for postsurgical treatment, and would preclude the authorization of additional physical therapy at this time. Furthermore, due to the amount of participation in physical therapy, the patient would be well-versed in a home exercise program to allow for continued, independent rehabilitation and further preclude the additional authorization of physical therapy at this time.

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

The patient underwent ORIF left knee tibial plateau fracture on 11/19/12 and has completed 38 postoperative physical therapy visits to date. The Official Disability Guidelines support up to 30 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support continuing to exceed this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for physical therapy 3 x 6 left leg is not recommended as medically necessary.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**