



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 6/17/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of 12 physical therapy visits lumbar/left femur.

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

The reviewer is a Medical Doctor who is board certified in 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 12 physical therapy visits lumbar/left femur.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties: Rehabilitation

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this patient is a male who was injured in on xx/xx/xx. The injured patient sustained multiple injuries including fractures of the left sixth through the tenth ribs, a sternal fracture, a scapular fracture, a splenic laceration, a T12 burst fracture, and a left femur fracture. The patient underwent surgery on May 6, 2013 for intramedullary nailing of his femur. He received physical therapy, was stabilized medically, and was discharged to home

on May 13, 2013. The patient's post hospitalization course is unclear. A wheelchair prescription was written on May 21, 2013.

The next documentation available in the medical record is from a physical therapist and is dated November 27, 2013. In this evaluation report, there is a statement that an MRI was performed showing two "herniated disks." The patient was said to be suffering from pain, weakness, and limited range of motion. He also demonstrated dynamic balance deficits and a gait disturbance. The therapist further stated that the patient had not received therapy due to "neurologic issues." There was a statement that the patient was walking and moving around at a 60% functional level. Physical therapy was recommended to address gait issues and left lower extremity weakness. A left knee brace and an assistive device for gait were recommended.

The patient was treated. On January 6, 2014, noted left knee pain, swelling, and weakness as well as lower back pain, anxiety, and depression. He recommended therapy twice a week for eight sessions, Norco, and Xanax.

recommended physical therapy two to three times a week for six to eight weeks on February 18, 2014.

evaluated the patient on February 28, 2014 and again recommended physical therapy twice a week for eighteen sessions.

On March 19, 2014, the patient was evaluated who stated that the patient had received "few treatments of outpatient therapy." documented an antalgic gait and stated that the patient was walking with a walker. He made a referral for therapy and individual psychological counseling. The patient underwent a mental health evaluation by MPs on March 19, 2014. noted that the patient had completed several courses of physical therapy but the time between the approved courses was long and this resulted in the patient losing gains or making little progress during treatment. diagnosed severe depression and moderate to severe anxiety and recommended individual psychotherapy. Apparently, the patient has undergone individual psychotherapy with some improvement in his psychological status.

The medical record is not clear about when physical therapy was provided to this patient. It is clear from the record that he has received thirty-four postoperative physical therapy sessions, but when those sessions were received is not clear. There is strong documentation in the medical record that the patient has pain, limited range of motion of the left knee, weakness in the left lower extremity, and a gait disturbance. There have been no specific measurements documented in the medical record since November, 2013.

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

Available medical records indicate that this patient sustained multiple injuries on xx/xx/xx. Those injuries included a T12 burst fracture, a left femur fracture, multiple rib fractures, a sternal fracture, a scapular fracture, and a splenic laceration. The patient underwent surgery for insertion of an intramedullary nail for fixation of his femur fracture on May 6, 2013. He received initial physical therapy and was discharged from the hospital on May 13, 2013. He was initially followed by a physician.

There were questions regarding his spinal injuries and cerebral status. The record seems to indicate that studies were performed on the cervical spine as well as the head. Physical therapy was interrupted due to attention to the neurologic problems that the patient encountered. The time frame between May and November is unclear, but the records do indicate that the physical therapy he received was interrupted and he did not make the progress with sustained gain that had been anticipated.

Three physicians have recommended on multiple occasions that the patient undergo physical therapy. Continued physical therapy was also recommended by the physical therapist in November, 2013. There is no indication in the medical record as to when the patient received physical therapy, but there is clear indication that he has received thirty-four physical therapy sessions.

ODG Guidelines indicate that for vertebral fractures without spinal cord injury, eight visits over ten weeks are recommended. For a knee sprain with ACL tear, twelve visits over eight weeks are recommended. For a femur fracture, thirty postoperative visits over eight weeks are recommended. For an abnormality of gait, sixteen to fifty-two visits are indicated over an eight to sixteen week period depending on the etiology of the gait abnormality.

ODG Guidelines are guidelines, and not prescriptions for care. This injured person sustained severe injuries including but not limited to a T12 fracture, a fracture of the left femur, surgically treated, and a left knee sprain and partial tear of the anterior cruciate ligament. He has continued pain, limited range of motion of the knee, weakness in the left lower extremity, and a gait abnormality necessitating use of a walker and/or wheelchair.

This is the third utilization review for requested physical medication treatment. The first two reviewers noted that it was unclear when physical therapy was provided and what the results of physical therapy were. They also noted that specific measurements were not available in recent medical records although there is documentation that the patient has pain, limited range of motion of the left knee, weakness in the left lower extremity, and a gait abnormality. In his first prescription for physical therapy, requested three active therapies and one

passive therapy, electrical stimulation. One reviewer noted that passive modalities were not generally indicated. This request for electrical stimulation was removed last request.

ODG Treatment Guidelines recommend up to fifty-two physical therapy visits for conditions that this patient has. Records indicate that he has undergone thirty-four visits to this date although the dates of therapy received are not noted in the medical record and have not been forthcoming even though the last two reviewers cited this as a problem. Three physicians have recommended physical therapy over the past six months and there is no indication that the patient has actually received the therapy. This fact has been mentioned in prior reviews, but no documentation regarding therapy has been forthcoming. No or limited therapy has been provided since the current treating physicians began recommending physical medication treatment.

In order to determine the prospective medical necessity for 12 physical therapy visits, more information is needed. There should be documentation of physical therapy already received including dates of service and results of treatment and there should be a complete description of the patient's current physical and functional status to document why further physical therapy is required. At this time, the ODG criteria have not been met and the requested treatment is not medically necessary.

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)**