

Vanguard MedReview, Inc.

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Notice of Independent Review Decision

July 9, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy x 36 visits 97110, 97112, 97140, 97530

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

This physician is Board Certified in Physical Medicine and Rehabilitation and has over 20 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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:

03/12/2014: Amb Encounter Report
06/04/2014: Amb Encounter Report
06/06/2014: Physical Therapy Evaluation
06/17/2014: UR
06/24/2014: UR

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female sustained a comminuted proximal third shaft fracture of her left femur. She was seen in the emergency room and evaluated the same day and taken to the OR for intramedullary nailing of her left femur.

03/12/2014: Amb Encounter Report. **HPI:** The patient is here today for a follow-up. She states she was seen in the emergency room this morning prior to her visit because she was concerned about some small blistering around her hip area on

the left side just adjacent to the incision site. X-rays were obtained. Laboratory examination was done including ESR, ORP, and CBC which were completely normal except for a slight increase in ESR which is expected in her case being a postsurgical case. **Physical Examination:** The patient has healed incisions on her proximal anterior side of her nail without any surrounding erythema or fluctuence. The locking screw sites look to be pretty well healed without any signs of infection. There are 2 small blisters around the lateral hip area just above the greater trochanter and the patient has a little bit of tenderness in the area but definitely no signs concerning for infection at that site. The patient has 5/5 strength of her EHL. She has 5/5 dorsiflexion and plantar flexion of her left foot. The patient has grossly intact sensation on her entire left lower extremity. The patient does complain of some burning sensation in her thigh area that comes with the pain that she continues to have around the gunshot wound site. **X-Rays:** 2 views of her left femur show the proximal third shaft comminuted fracture of the left femur status post closed reduction and intramedullary nailing without any signs of hardware loosening, compromise, or infection. **CT Scan:** CT scan of her left femur does not show any signs of infection and does not show any signs of fluid collection or abscess. **Assessment and Plan:** Follow up in one week. The patient will also be given a prescription for gabapentin since this burning pain that she is having in her hip can most likely be caused by some nerve injury due to her plastic injury to her thigh.

06/04/2014: Amb Encounter Report. **Subjective:** After several doses of the medication given at her last visit, her pain resolved and she quit taking the medication and has had no recurrence of pain. She has no pain with ambulation, but does feel a little unsteady on her gait and her physical therapist prefers her using crutches because of her instability. **Physical Exam:** The bilateral gastrocaoleus extensor hallucis longus, tibialis anterior, quadriceps, and hamstrings are 5/5 motor strength. Sensation is intact to light touch. L2-S1. Proprioception was not tested. The patient was able to toe walk and heel walk. Tandem gait was demonstrated. The left hip abductor is focally weak as compared to the right. This does result in a mild Trendelenburg lean. Negative ankle clonus. Negative Babinski sign. Deep tendon reflexes are 2+ to L4 and S1. Negative bilateral straight leg raises. There are no cutaneous lesions or signs of vasculopathy. **Ortho Exam:** Imaging: Bridging callous at fracture site with no signs of failure of the orthopedic hardware. **Plan:** PT for hip abductor strengthening and ROM. RTC 12 weeks w/ AP/Lateral Femur. WBAT w/o restrictions

06/06/2014: Physical Therapy Evaluation **Clinical Observations:** Decreased Flexibility, Decreased strength, decreased balance/proprioception, altered gait pattern, decreased neuromuscular recruitment, decreased functional capacity **Treatment Plan:** Modalities, Therapeutic Exercise/Activities: Strengthening/Stabilization, Flexibility. Joint mobilization, Soft tissue mobilization/MFR, Neuromuscular re-education, gait training, and Home exercise program instruction/education

06/17/2014: UR. Rational for Denial: Non-certify 36 physical therapy visits since the request exceeds ODG recommended number of visits for post-operative femur fracture and clinically this number of visits is excessive given the minimal information available with at least 4 to 4+/5 strength. There is also lack of clinical information. There are questions regarding the exact fracture and procedure, the number of previous visits and progress, the current ROM about the effected hip and knee, and functional status. There are no clinical notes available from the requesting physician. There was no peer to peer discussion so as to modify the request for a more appropriate number of visits commensurate to the most current clinical information.

06/24/2014: UR. Rational for Denial: Non-certify the current request exceeds ODG. ODG only allows 18 post-operative PT visits. There is lack of information in regards to ROM and any other reasons to why additional PT is being requested. Per ODG this request is not medically reasonable or necessary.

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

The original adverse determinations are upheld. Limited records submitted for review indicate Trendelenberg with mild left hip abductor weakness. There is no indication that the claimant has any chronic underlying illness or disease; furthermore, records do not indicate how many PT sessions claimant has received. Per ODG, recommendation is for up to 30 PT visits over 12 weeks postoperatively. For these reasons, Physical Therapy x 36 visits 97110, 97112, 97140, 97530 is not medically necessary at this time and should be denied.

Per ODG:

ODG Physical Medicine Guidelines –

Allow for fading of treatment frequency (from up to 3 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](#).

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):

Medical treatment: 9 visits over 8 weeks

Post-surgical (Meniscectomy): 12 visits over 12 weeks

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):

Medical treatment: 12 visits over 8 weeks

Post-surgical (ACL repair): 24 visits over 16 weeks

Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):

Medical treatment: 9 visits over 8 weeks

Post-surgical: 12 visits over 12 weeks

Articular cartilage disorder - chondral defects (ICD9 718.0)

Medical treatment: 9 visits over 8 weeks

Post-surgical (Chondroplasty, Microfracture, OATS): 12 visits over 12 weeks

Pain in joint; Effusion of joint (ICD9 719.0; 719.4):

9 visits over 8 weeks

Arthritis (Arthropathy, unspecified) (ICD9 716.9):

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks

Abnormality of gait (ICD9 781.2):

16-52 visits over 8-16 weeks (Depends on source of problem)

Fracture of neck of femur (ICD9 820):

Post-surgical: 18 visits over 8 weeks

Fracture of other and unspecified parts of femur (ICD9 821):

Post-surgical: 30 visits over 12 weeks

Fracture of patella (ICD9 822):

Medical treatment: 10 visits over 8 weeks

Post-surgical (closed): 10 visits over 8 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

Fracture of tibia and fibula (ICD9 823)

Medical treatment: 12-18 visits over 8 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

Amputation of leg (ICD9 897):

Post-replantation surgery: 48 visits over 26 weeks

Quadriceps tendon rupture (ICD9 727.65)

Post-surgical treatment: 34 visits over 16 weeks

Patellar tendon rupture (ICD9 727.66)

Post-surgical treatment: 34 visits over 16 weeks

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)**