

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Jul/10/2014

### IRO CASE #:

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

Additional 12 sessions of right knee physical therapy at 3 times a week for 4 weeks

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

Board Certified PM&R

### 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 reviews dated 06/03/14, 06/19/14, 06/25/14

Handwritten physical therapy progress note dated 05/07/14, 05/27/14-05/30/14, 05/19/14-05/25/14, 05/12/14-05/16/14, 05/07/14-05/09/14, 04/26/14-05/07/14, 04/18/14-04/23/14, 04/11/14-04/16/14, 04/04/14-04/09/14, 06/02/14-06/06/14, 06/06/14

Office visit note dated 02/26/14

Operative report dated 03/01/14, 03/14/14, 05/05/14

Clinic note dated 04/01/14, 04/29/14, 05/20/14, 06/17/14

Radiographic reports dated 02/26/14, 02/27/14, 03/04/14, 03/14/14, 04/29/14, 05/05/14, 06/17/14

Letter dated 06/24/14, 06/09/14

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient was running down stairs and jumped the last three stairs and felt like he twisted his right knee. The patient underwent ORIF of right bicondylar tibial plateau on 03/14/14 and manipulation under anesthesia on 05/05/14. The patient completed at least 27 physical therapy visits. Clinic note dated 06/17/14 indicates that the patient is doing much better. He has a Dynasplint over his Achilles tendon tightness and he has been working on full range of motion of his knee. He has been in therapy. Overall he has been progressing well and reports to be doing better. On physical examination he does have some mild tenderness to palpation around the joint line medially. Range of motion of the knee is 115 degrees. Range of motion of the ankle is 5

degrees with the knee extended 20 degrees dorsiflexion with the knee flexed. Sensation is intact to light touch. X-rays of the right knee show good healing of the tibial plateau. Hardware remains in good position. There are no signs of breakage.

Initial request for additional 12 sessions of right knee physical therapy was non-certified on 06/03/14 noting that the request for additional treatment would exceed the amount supported per criteria set forth in ODG. Letter dated 06/24/14 indicates that patient has only been seen for 21 visits since his last procedure. His weightbearing was only increased to full weightbearing on 06/17/14. Per appeal dated 06/25/14, the claimant has had 24 sessions of physical therapy to date. The guidelines support a total of 30 visits over 12 weeks following the postoperative treatment of an open reduction internal fixation. The requested physical therapy would exceed guideline recommendations. The patient was subsequently authorized for 6 additional sessions.

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

The patient underwent ORIF of right bicondylar tibial plateau on 03/14/14 and manipulation under anesthesia on 05/05/14. It appears that the patient has now been authorized for 30 postoperative physical therapy visits. 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 exceeding 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 additional 12 sessions of right knee physical therapy at 3 times a week for 4 weeks is not recommended as medically necessary.

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

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

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**