

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/03/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 1 X 3 months (12 visits) right leg

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

Board Certified Orthopedic Surgeon

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

Radiology report dated xx/xx/xx

Letter dated 05/15/13

Operative report dated 05/23/13

Chart notes dated 05/29/13, 06/12/13, 07/03/13, 08/07/13, 09/04/13, 10/16/13, 12/04/13, 02/05/14

Plan of care note dated 07/10/13

Physical therapy reevaluation note dated 08/07/13, 09/06/13, 10/24/13, 12/04/13

Prescription for physical therapy dated 12/18/13

Appeal requests dated 01/10/14, 02/18/14

Utilization reviews dated 12/26/13, 01/17/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient slipped on a ramp and hyperflexed his knee. MRI of the right knee dated xx/xx/xx revealed full thickness tear of the quadriceps tendon 1.5 cm above the patella. There is a nondisplaced tear posterior aspect of the medial malleolus with a tiny adjacent meniscal cyst. The patient underwent open repair of right quadriceps tendon on 05/23/13. Note dated 08/07/13 indicates that he is doing well and is working on range of motion in physical therapy. There is no pain and the patient is not taking pain medicine. Visit note dated 12/04/13 indicates that the patient has completed 44 physical therapy visits to date. Follow up note dated 02/05/14 indicates that the patient is working diligently at home and at the gym and continues to do well. He has been back to

delivering, but has an associate and is not doing much lifting. On physical examination gait is non-antalgic. There is no lag on physical examination. Motion is 0-133 degrees.

Initial request for additional physical therapy was non-certified on 12/26/13 noting that the reference would support an expectation for an ability to perform a proper non-supervised rehabilitation regimen when an individual has received the amount of supervised rehabilitation services previously provided. The denial was upheld on appeal dated 01/17/14 noting that the claimant has completed 44 visits of postoperative physical therapy visits to date. The ODG recommends up to 34 visits over 16 weeks of post-surgical physical therapy following surgical repair of a quadriceps tendon rupture with allowing for fading of treatment frequency, plus active self-directed home physical therapy. The most recent physical examination provided for review dated 12/04/13 reported minimal range of motion deficits, increased strength/mobility and no neurological deficits. There is no information provided that supports a need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits.

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

The patient sustained injuries on xx/xx/xx. The patient underwent open repair of right quadriceps tendon on 05/23/13 and has completed at least 44 postoperative physical therapy visits to date. The Official Disability Guidelines Knee and Leg Chapter supports up to 34 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 Physical therapy 1 x 3 months (12 visits) for the right 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:

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES