

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jan/26/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** additional physical therapy, 3 times weekly, bilateral quadricep tendon

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Orthopedic Surgery

**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.** It is the opinion of the reviewer that the request for additional physical therapy, 3 times weekly, bilateral quadricep tendon is not recommended as medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as a fall. X-rays at that time revealed left foot metatarsal fracture. The patient was immobilized in a splint and crutches. Note dated 03/20/12 indicates that the patient is status post open reduction and internal fixation left fifth metatarsal fracture with bone graft on 03/06/12. He has improved since the surgery. MRI of the right lower extremity revealed possible quad tear. The patient underwent bilateral quadriceps tendon repair on 05/22/14 followed by 24 occupational therapy visits and 24 physical therapy visits for a total of 48 therapy visits postoperatively. Progress note dated 06/30/14 indicates that he has improved since surgery and has no unusual complaints. Therapy note dated 09/24/14 indicates that the patient reported mild pain in the bilateral knees rated as 3/10. The patient reports no changes. The patient was able to walk in and out of the pool independently. Progress note dated 12/29/14 indicates that current medications are bupropion, Levaquin, Norco and Ultram. On physical examination the incision is well-healed with no signs of infection and no effusion. Range of motion notes 10 degree extension lag and 110 degrees of flexion. Deep tendon reflexes are normal bilaterally.

Initial request for additional physical therapy, 3 times weekly, bilateral quadricep tendon was non-certified on 11/26/14 noting that the reasons why a home exercise program could not be continued for further gains was not presented. The provided medical records also failed to identify any extenuating circumstances which would justify a deviation from guideline recommendations. The denial was upheld on appeal dated 01/02/15 noting that in this case the patient has had adequate physical therapy and should be able to do a home exercise program. The inability for him to do so would suggest that he is not well motivated, particularly with a weight over 300 lb. One knee has only 5 degrees of movement and that knee needs to be reassessed and may need surgical releases. It appears that the therapy is not going to help that particular knee. The other knee should be able to be rehabilitated by a home

exercise program.

**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 due to falling. The patient underwent bilateral quad tendon repair on 05/22/14 and has completed 24 postoperative physical therapy visits as well as 24 postoperative occupational therapy visits, for a total of 48 postoperative therapy visits. The Official Disability Guidelines support 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's physical examination on 12/29/14 is largely unremarkable. 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 physical therapy, 3 times weekly, bilateral quadricep tendon is not recommended as medically necessary and the prior denials are upheld.

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

ACOEM-AMERICA 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)