

MEDRx

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DATE OF REVIEW: 5/4/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the concurrent medical necessity of additional physical therapy visits.

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 Rehab

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 disagrees with the previous adverse determination regarding the additional physical therapy visits.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Worker was injured on the job xx/xx/xx, sustaining a laceration to the right lower extremity with comminuted fracture of the right tibia which was treated with irrigation and debridement of the right leg wound, placement of an external fixation device and four-compartment fasciotomy. The tibial fracture went to malunion and the worker subsequently underwent right tibia and fibula osteotomy, intramedullary nailing of the right tibia and open reduction/internal fixation of the right fibula. On 9/18/2014 he had further surgery for removal of the right tibial hardware, EUA of the right knee, arthroscopic debridement with partial synovectomy and

chondroplasty, right knee lateral and medial meniscectomy, and right knee ACL reconstruction using double looped posterior tibialis tendon allograft and Biomet implants.

According to the physical therapy records the injured worker responded well to physical therapy and completed 32 visits between 11/14/2014 and 3/12/2015 with improved strength, improved active range of motion and decreased muscle guarding. The reported pain level was 2-3/10. The latest range of motion measurements submitted for this review for on 3/06/2015 when knee flexion was 125/130 degrees and extension 0/0 degrees. Right knee strength was 4/5 to 4+/5. The worker was walking with a cane and with slight vaulting gait on the left, showing limited right knee flexion when fatigued. He was wearing a right heel lift. According to the note the "right tibia measured three centimeters shorter.... leading to vaulting". The worker had a hinged knee brace that he wore prn. The physical therapy clinical assessment was that the worker continued to have "pain over the anterior horn of the medial meniscus when coming out of end-stage FLX" and reportedly had intermittent unsteadiness on stairs. Further therapy was recommended.

On 3/12/2015 a request was submitted for preauthorization of additional physical therapy sessions. The requested therapy sessions were non-authorized. The non-authorization was appealed but was upheld after review. On 4/09/2015 a request was submitted for review by an Independent Review Organization.

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

Based on the records submitted for review, the requested therapy sessions are recommended at this time. It is assumed that the continued use of self-directed home therapy will facilitate the fading of treatment frequency from several visits per week at the initiation of therapy to much less towards the end, as specified in the ODG Guidelines.

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)**

In the ODG- TWC Integrated Treatment/Disability Duration guidelines, Knee & Leg (Acute & Chronic) (updated 2/27/15) pertaining to anterior cruciate ligament repair surgery it is noted that the rehabilitation process following surgery involves six months of very intense therapy... ACL-injured patients should generally being knee-specialized therapy early (within a week) after the ACL injury. In this case it was necessary to deal with the fractures first. The surgery for hardware removal, right knee arthroscopic debridement, partial synovectomy and chondroplasty, medial and lateral meniscectomy and ACL reconstruction was done approximately 18 months after the injury. The 32 authorized post-surgical outpatient physical therapy sessions were done over a four month period between 11/14/2014 and 3/12/2015.

In the Preface to the ODG- TWC Integrated Treatment/Disability Duration Guidelines, pertaining to physical therapy,

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline... (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end... (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

According to therapy notes in March, 2015 the worker was continuing to make satisfactory progress in response to therapy and was participating in a self-directed therapy program as instructed. The identified problem of vaulting gait was judged to be an accommodation for a leg length difference. On 3/6/2015 in the last paragraph of page 1 the therapist stated that the injured worker has "poor understanding of how to treat his condition on his own" but this lack of insight was not identified as a problem elsewhere in therapy notes. However, in the March 6, 2015 note, the short-term goals listed in the plan of care included demonstration of independent home exercise management for the right knee and right ankle to eliminate further injury and to restore right leg step symmetry and normal gait, in 4 weeks, for work related agility. The plan of care included progressive, ongoing, home program instructions to perform between visits to the clinic.

Although a specific itemized list of exceptional factors was not submitted along with the request for further therapy, the necessary delay in the onset of treatment for the ACL injury would be expected to necessitate a more prolonged rehabilitation program. Furthermore, the post-surgical rehabilitation time of six months has not yet been exceeded. The identified problem of vaulting gait, the problem of impaired functional status and the problem of difficulty with the injured worker's management of this home exercise program should be amenable to physical therapy, managed within the Guidelines which emphasize fading treatment frequency along with progressive transition to the home exercise program.