



## Notice of Independent Review Decision - WC

### IRO REVIEWER REPORT – WC

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**DATE OF REVIEW:** 07/09/18

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Continued Physical Therapy - 12-18 visits

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

Board Certified in 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 or not medical necessity exists for each of the health care services in dispute:**

- Continued Physical Therapy 12-18 visits - Overturned

**PATIENT CLINICAL HISTORY [SUMMARY]:**

On XX, XX, MD signed an order for PT evaluate and treat. Start with toe touch weightbearing and progress as tolerated, expected to still be on walker at next visit on XX. Diagnosis was open bone biopsy of lesion of right distal femur.

There was a handwritten PT Evaluation dated XX. The claimant was injured at work on XX when she tripped and landed on the right knee and fractured femur. Biopsy performed to rule out cancer. Problem list: Right knee flexion to 50, extension to -10. MMT was 2+/5; TTWB RLE gait x 100 feet. Right knee pain of 7, off work.

There was a PT plan of care dated XX noting progress was fair overall, now WBAT. Rx had focused on increasing range of motion, increased strength and gait and decreasing pain. Claimant was now WBAT. Right knee flexion to 60 and extension to 07; MMT was 3-/5, gait: 180 feet with RW & SBA; right knee pain was 5. Goals not met. Claimant was improving with PT and continued PT 2 to 3 times per week for 4 to 6 weeks recommended.

UR on XX denied continued PT for 12 to 18 visits noting no new script or signed plan of care and therefore, approval could not be recommended.

There was a script signed by XX, MD dated XX ordering PT, continued plan of care.

UR on XX denied PT on reconsideration. The notes indicated that the physical called to complete a peer to peer and XX, who stated that the requesting physician was not available. A message was left. The claimant had completed 12 weeks of formal therapy. The modalities recommended of e-stim, ultrasound, infrared therapy and hot/cold packs were non-certified. The claimant had recently begun weightbearing as tolerated and in this case, gait training would be necessary. ODG supports physical medicine treatment after femur fractures. In this case, gait training is reasonable though due to being unable to discuss treatment modification with the requesting physician, the request remained non-certified at this time.

There was a script signed by XX, MD dated XX ordering PT 3 times per week for 4 to 6 weeks. ROM exercise, strengthening exercise and gait training and home exercise program ordered. Other: WBAT RLE, ok to discharge brace.

PT Plan of care dated XX minimal progress since XX due to lack of authorization. Rx had focused on increased ROM, strength, gait and balance and decreased pain. The claimant continued to have significant deficits in all these areas. Flexion was to 70 and extension to -5; MMT was 3-/5, antalgic gait x 200 feet with RW and SBA; right knee pain of 5. Treatment plan was therapeutic exercise, neuro re-ed, manual therapy, modalities; gait training, HEP education. Procedure/modalities checked off AA/A/PROM, gait training, PJM, postural reed; stretching, MFR, HEP education, balance training, modalities, manual therapy, transfer training.

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

The claimant is status post surgery for a right femur fracture and has undergone 12 formal physical therapy visits with objective evidence of functional improvement. The claimant had been partial weightbearing during the initial 12 formal physical therapy visits and the requested additional 12 to 18 physical therapy visits were ordered to increase motion, strength and for gait training. The ODG supports 24 to 30 postoperative physical therapy visits. Considering that the claimant has not completed the recommended postoperative physical therapy visits per ODG criteria as related to a right femur fracture, has had improvement with the initial physical therapy, has had a delay in approval for physical therapy and has continued deficits and is now weightbearing as tolerated, medical necessity is established for the requested continued physical therapy 12-18 visits.

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

- ☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☒ ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES