

Applied Resolutions LLC
Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 7/9/2018 12:47:27 PM CST

Applied Resolutions LLC
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IRO REVIEWER REPORT

Date: 7/9/2018 12:47:27 PM CST

IRO CASE #:XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Physical Therapy sessions 2X a week X 6 weeks (bilateral lower legs)

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XX with a history of an occupational claim from XX. The patient was a XX when the XX and XX XX XX. The patient did sustain multiple injuries to include bilateral tibia fractures requiring pins as well as pelvic fractures, subarachnoid hemorrhage, colostomy, and grafts. XX did undergo nailing of both tibias however there was concern for infection. The postoperative course is complicated by severe sepsis and the patient underwent removal of hardware with placement of an antibiotic nail as well as wound closure with advancement previous flaps during the admission from XX-XX. The most recent therapy note is dated XX where it was noted the patient made progress and met short-term goals. The patient was able to step up/down with good motor control however the patient compensates with additional muscles during stepdown. XX is able to perform reverse lunges with excellent control and perform single heel raises with the bilateral lower extremities. The patient was noted to be swimming in a pool at home 4 times a week to improve activity tolerance. Additional goals were set and the recommendation was made to continue with therapy. The documentation does indicate this patient has undergone extensive therapy process thus far. The patient had numerous visits in XX and since XX the patient has participated in an additional 32 sessions.

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

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According to the Official Disability Guidelines physical therapy for fracture of the tibia may be appropriate in the amount of 30 visits over 12 weeks. The documentation does note the patient has multiple prior severe injuries with a complicated surgical past however, it is noted that this patient has participated in an extensive amount of therapy. While it is understood the patient should continue with active exercises to improve endurance and mobility, there is a lack of documentation supporting this patient cannot continue performing active exercises at home with a home exercise program. It is noted the patient does continue to swim as XX has access to a swimming pool at home and therefore the need for skilled therapy is not appropriate.

The patient should be extremely well versed in home exercise program and therefore, the requested physical therapy x12 to the bilateral lower legs is not medically necessary and the previous denial is upheld.

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

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee and Leg, Physical medicine treatment