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**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X: Orthopaedic Trauma Surgery Operative Report, X

X: Physical Therapy Progress Note, X, PT

X: UR by X, MD

X: Utilization Review for Reconsideration

X: UR by X, DO

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant is a X-year-old X with a DOI of X. The mechanism of injury is reported as the claimant was on a X when a XX fell on X. Claimant underwent X; closed X.

X: PT Progress Note. Feels the mobility in X is improving, as X is having more control with the motion of the XX. Since last progress note, X feels that X is slowly improving but the pain with X is the most uncomfortable. Diagnosis: 1.X. 2.X. 3.X. 4.X. 5.X, X. X: 16 degrees with pain. X: X degrees. X: X degrees. X: X degrees. X: 4 degrees with pain. Non-weight bearing on X, unable to X without XX XX. Pt X with swing to gait mechanics. X is considerably limited still with X, with PROM able to reach a firm end feel of -12 after extensive stretching and mobilization. X still struggles in session with manual X due to pain, but with the progressed mobility X is finally starting to feel stretching in the X. Pt has been unable to progress X activities at this time due to precautions. LE strength has improved with non-X activities. Will begin to work into X, and functional closed chain strengthening as well as mobility if X X is upgraded. X: Progress Note updated to address Non-Certification. Non-Cert states that there has been no sustained functional improvement documented since surgery. Pt at the time of this documentation was still X, and therefore

could not progress X. As indicated, X has made substantial improvement and LE strength MMT, as well as passive and active ROM. X presented with severe X and PT has spent the majority of sessions with X in order to reduce the deficit from -X degrees of X. PT sought script for a low load long duration stretching to aid the PT's stretching regimen at home which MD signed and agreed. However, it was denied insurance. X HEP as listed below is exclusively to focus in loading the tissue and structures of X consistently to promote tissue remodeling. Goals have been updated as indicated below to reflect X current functional status, but no new goals have been developed as X has not been able to achieve the original stated goals fully. X was upgraded to X the original date of this progress note, and therefore no X could be conducted that would valid, nor any X. The guidelines describe in your non cert letter indicate a base number of PT sessions of 21 for a patient who has undergone X as this patient has. X also had an EFIX for a month prior to the X. X was approved for 12 visits of treatment initially under the guidance of the X, but X did undergo X If X does not continue to get aggressive mobilization in conjunction with X HEP to address the remaining X, X will likely ultimately require an X due to XX severe limitation in functional X. X also is going to require assistance to return to X activities due to the severe pain that persists with X in several demineralization of the X as a result of X prolonged NWB status. I ask that you reconsider the certification, as the patient may not return to X original X without extended Physical Therapy, and there is certainly no way X can return to X full work duty at this time safely.

X: UR by Dr. X. Rationale- The claimant is X, removal of X and the claimant has already had 12 sessions of clinical indications for need for additional excessive 24 additional sessions of PT. There is a lack of extenuating circumstances to exceed guideline, and the claimant is suitable for X and strengthening exercises. Considering the clinical submitted for review, not certified.

X: UR by X. Rationale- On X the claimant underwent open treatment of X; removal of X. Per ODG guidelines, post-surgical treatment is X. To date, claimant has completed X. Per the most recent PT note, claimant still has decreased X, however, this request exceeds the guidelines and cannot be modified without reviewed consent. Therefore, not medically necessary.

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

The previous adverse decisions are X. The claimant is status X. There are documented objective gains in X and X Motor Muscle Testing after completion of 12 post-op PT visits. At the time of this request on X, the claimant was still of X. As of X this status has been upgraded to X As Tolerated. In accordance with ODG recommendations of X in order to progress with X. Therefore, post-X is considered medically necessary.

PER ODG.....

**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)**