**California Post Op PT [Alphabetical Order]**

Ankle & Foot Post Op PT

Burns Post Op PT

Cardiopulmonary [DWC] Post Op PT

Carpal Tunnel Syndrome Post Op PT

Elbow & Upper Arm Post Op PT

Forearm, Wrist, & Hand Post Op PT

Head Post Op PT

Hernia Post Op PT

Hip, Pelvis and Thigh (femur) Post Op PT

Knee Post Op PT

Low Back Post Op PT

Neck & Upper Back Post Op PT

Shoulder Post Op PT

**California Ankle and Foot Post Op PT**

California Medical Treatment Utilization Schedule  
§ 9792.23.7. Ankle and Foot Complaints  
§ 9792.24.3. Postsurgical Treatment Guidelines  
Ankle & Foot  
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a therapist. (Colorado, 2001) (Aldridge, 2004) This RCT (randomized controlled trial) supports early motion (progressing to full weight-bearing at 8 weeks from treatment) as an acceptable form of rehabilitation in surgically treated patients with Achilles tendon ruptures. (Twaddle, 2007)   
  
Achilles tendon rupture (ICD9 727.67):   
Postsurgical treatment: 48 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Ankle Sprain (ICD9 845.0):   
Postsurgical treatment: 34 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Anterior tibial tendon [DWC]:   
Postsurgical treatment: 8 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Amputation of foot (ICD9 896):   
Post-replantation surgery: 48 visits over 26 weeks   
\*Postsurgical physical medicine treatment period: 12 months   
Post-amputation treatment [DWC]: 48 visits over 26 weeks   
\*Postsurgical physical medicine treatment period: 12 months   
  
Amputation of toe (ICD9 895):   
Post-replantation surgery: 20 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Dislocation of the peroneal tendons [DWC]:   
Postsurgical treatment: 8 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Enthesopathy of ankle and tarsus (ICD9 726.7):   
Postsurgical treatment: 9 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Fracture of ankle (ICD9 824):   
Postsurgical treatment: 21 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of ankle, Bimalleolar (ICD9 824.4):   
Postsurgical treatment (ORIF): 21 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
Postsurgical treatment (arthrodesis): 21 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of ankle, Trimalleolar (ICD9 824.6):   
Postsurgical treatment: 21 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of one or more phalanges of foot (ICD9 826):   
Postsurgical treatment: 12 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
Special Consideration [DWC]: Postsurgical physical medicine is rarely needed for ganglionectomy.   
  
Fracture of tibia and fibula (ICD9 823):   
Postsurgical treatment (ORIF): 30 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Hallux rigidus (ICD9 735.2):   
Postsurgical treatment: 9 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Hallux valgus (ICD9 735.0):   
Postsurgical treatment: 9 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Hallux varus (ICD9 735.1):   
Postsurgical treatment: 9 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Metatarsal stress fracture (ICD9 825):   
Postsurgical treatment: 21 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Other hammer toe (ICD9 735.4):   
Postsurgical treatment: 9 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Peroneal tendon repair [DWC]:   
Postsurgical treatment: 8 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Posterior tibial tendonitis [DWC]:   
Postsurgical treatment: 8 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Posterior tibial tenosynovitis (partial or complete rupture) [DWC]:   
Postsurgical treatment: 8 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
END OF CMTUS ANKLE AND FOOT POSTOP PT

**California Burns Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Burns   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
Recommended. Occupational therapy and physical therapy for the patient with burns may include respiratory management, edema management, splinting and positioning, physical function (mobility, function, exercise), scar management, and psychosocial elements. (Simons, 2003) As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated.   
  
Burns (ICD9 949):   
Postsurgical treatment: 16 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
END OF CMTUS BURNS POSTOP PT

**California CardioPulmonary Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Cardiopulmonary [DWC]   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
Coronary Stenting [DWC]:   
Postsurgical treatment: 36 visits over 18 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Heart Valve repair/replacement [DWC]:   
Postsurgical treatment: 36 visits over 18 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Percutaneous transluminal coronary angioplasty (PTCA) [DWC]:   
Postsurgical treatment: 36 visits over 18 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
END OF CMTUS CARDIOPULMONARY POSTOP PT

**California Carpal Tunnel Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Carpal Tunnel Syndrome   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS (complex regional pain syndrome) I instead of CTS). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) Post surgery, a home therapy program is superior to extended splinting. (Cook, 1995) Continued visits should be contingent on documentation of objective improvement, i.e., VAS (visual analog scale) improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments.   
  
Carpal tunnel syndrome (ICD9 354.0):   
Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks   
\*Postsurgical physical medicine treatment period: 3 months   
Postsurgical treatment (open): 3-8 visits over 3-5 weeks   
\*Postsurgical physical medicine treatment period: 3 months   
  
END OF CMTUS CARPAL TUNNEL POSTOP PT

**California Elbow Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.23.3. Elbow Disorders   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Elbow & Upper Arm   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
Arthropathy, unspecified (ICD9 716.9):   
Postsurgical treatment, arthroplasty, elbow: 24 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Cubital tunnel release [DWC]:   
Postsurgical treatment: 20 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Dislocation of elbow (ICD9 832):   
Unstable dislocation, postsurgical treatment: 10 visits over 9 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
ECRB/ ECRL debridement [DWC]:   
Postsurgical treatment: 10 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
ECRB/ ECCRL tenotomy [DWC]:   
Postsurgical treatment: 10 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Elbow diagnostic arthroscopy and arthroscopic debridement [DWC]:   
Postsurgical treatment: 20 visits over 2 months   
\*Postsurgical physical medicine treatment period: 4 months   
  
Elbow collateral ligament repair [DWC]:   
Postsurgical treatment: 14 visits over 6 months   
\*Postsurgical physical medicine treatment period: 8 months   
  
Enthesopathy of elbow region (ICD9 726.3):   
Postsurgical treatment: 12 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of humerus (ICD9 812):   
Postsurgical treatment: 24 visits over 14 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of radius/ulna (ICD9 813):   
Postsurgical treatment: 16 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Lateral epicondylitis/Tennis elbow (ICD9 726.32):   
Postsurgical treatment: 12 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Medial epicondylitis/Golfers' elbow (ICD9 726.31):   
Postsurgical treatment: 12 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Muscle or tendon transfers for elbow flexion [DWC]:   
Postsurgical treatment: 30 visits over 5 months   
\*Postsurgical physical medicine treatment period: 8 months   
  
Rupture of biceps tendon (ICD9 727.62):   
Postsurgical treatment: 24 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Sprains and strains of elbow and forearm (ICD9 841):   
Postsurgical treatment/ligament repair: 24 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Traumatic amputation of arm (ICD9 887):   
Post-amputation treatment: without complications, no prosthesis [DWC]:   
18 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
Post-amputation treatment: without complications, with prosthesis [DWC]:   
30 visits over 6 months   
\*Postsurgical physical medicine treatment period: 9 months   
Post-amputation treatment: with complications, no prosthesis [DWC]:   
30 visits over 5 months   
\*Postsurgical physical medicine treatment period: 7 months   
Post-amputation treatment: with complications and prosthesis [DWC]:   
40 visits over 8 months   
\*Postsurgical physical medicine treatment period: 12 months   
Post-replantation surgery: 48 visits over 26 weeks   
\*Postsurgical physical medicine treatment period: 12 months   
  
Triceps repair [DWC]:   
Postsurgical treatment: 24 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):   
Postsurgical treatment: 20 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
END OF CMTUS ELBOW POSTOP Physical Therapy

**California Forearm, Wrist and Hand Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.23.4. Forearm, Wrist, and Hand Complaints   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Forearm, Wrist, & Hand   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
(Not including Carpal Tunnel Syndrome –see separate post surgical guideline.)   
  
Used after surgery and amputation. During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Postimmobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better shortterm hand function in patients given therapy than in those given instructions for home exercises by a surgeon. (Handoll-Cochrane, 2002) (Handoll-Cochrane, 2006)   
  
Amputation of arm, below the elbow [DWC]:   
Post-amputation treatment: without complications, no prosthesis: 18 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
Post-amputation: without complications, with prosthesis: 30 visits over 6 months   
\*Postsurgical physical medicine treatment period: 9 months   
Post-amputation: with complications, no prosthesis: 30 visits over 5 months   
\*Postsurgical physical medicine treatment period: 7 months   
Post-amputation: with complications and prosthesis: 40 visits over 8 months   
\*Postsurgical physical medicine treatment period: 12 months   
  
Amputation of hand (ICD9 887):   
Post-amputation treatment: without complications, no prosthesis [DWC]: 18 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
Post-amputation treatment: with complications, no prosthesis [DWC]: 24 visits over 5 months   
\*Postsurgical physical medicine treatment period: 7 months   
Post-replantation surgery: 48 visits over 26 weeks   
\*Postsurgical physical medicine treatment period: 12 months   
  
Amputation of thumb; finger (ICD9 885; 886):   
Post-replantation surgery: 36 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
Post-amputation: Amputation of fingers without replantation [DWC]: 14 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
Post-amputation: Amputation of thumb without replantation [DWC]: 16 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Arthropathy, unspecified (ICD9 716.9):   
Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Contracture of palmar fascia (Dupuytren's) (ICD9 728.6):   
Postsurgical treatment: 12 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Digital nerve repair [DWC]:   
Postsurgical treatment: 8 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
DIP joint intraarticular fracture at middle or distal phalanx [DWC]:   
Postsurgical treatment: 14 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Dislocation of finger (ICD9 834):   
Postsurgical treatment: 16 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Dislocation of wrist (ICD9 833):   
Postsurgical treatment (TFCC reconstruction): 16 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Extensor tendon repair or tenolysis [DWC]:   
Postsurgical treatment: 18 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Extensor tenosynovectomy [DWC]:   
Postsurgical treatment: 14 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Flexor tendon repair or tenolysis Zone 2 and other than Zone 2 [DWC]:   
Postsurgical treatment: Flexor tendon repair or tenolysis Zone 2: 30 visits over 6 months   
\*Postsurgical physical medicine treatment period: 8 months   
Postsurgical treatment: Other than Zone 2: 20 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Flexor tenosynovectomy [DWC]:   
Postsurgical treatment: 14 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Flexor tendon repair (forearm) [DWC]:   
Postsurgical treatment: 12 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of carpal bone (wrist) (ICD9 814):   
Postsurgical treatment: 16 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Fracture of metacarpal bone (hand) (ICD9 815):   
Postsurgical treatment: 16 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Fracture of one or more phalanges of hand (fingers) (ICD9 816):   
Postsurgical treatment: Complicated, 16 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Fracture of radius/ulna (forearm) (ICD9 813):   
Postsurgical treatment: 16 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Ganglion and cyst of synovium, tendon, and bursa (ICD9 727.4):   
Postsurgical treatment: 18 visits over 6 weeks   
\*Special Consideration: Postsurgical physical medicine is rarely needed for ganglionectomy.   
  
Intersection syndrome [DWC]:   
Postsurgical treatment: 9 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Median Nerve Repair: Forearm –Wrist [DWC]:   
Postsurgical treatment: 20 visits over 6 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
PIP and MCP capsulotomy/capsulectomy [DWC]:   
Postsurgical treatment: 24 visits over 2 months   
\*Postsurgical physical medicine treatment period: 4 months   
  
PIP and MCP collateral ligament reconstruction [DWC]:   
Postsurgical treatment: 18 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
PIP and MCP collateral ligament repairs [DWC]:   
Postsurgical treatment: 12 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
PIP joint intraarticular fracture and or dislocation at proximal or middle phalanx [DWC]:   
Postsurgical treatment: Postsurgical treatment: 20 visits over 6 months   
\*Postsurgical physical medicine treatment period: 8 months   
  
Proximal row carpectomy [DWC]:   
Postsurgical treatment:20 visits over 6 months   
\*Postsurgical physical medicine treatment period: 8 months   
  
Nerve Repair: Elbow –Wrist [DWC]   
Postsurgical treatment: 20 visits over 6 weeks   
\*Postsurgical physical medicine treatment period: 8 months   
  
Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04):   
Postsurgical treatment: 14 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Sprains and strains of elbow and forearm (ICD9 841):   
Post-surgical treatment/ligament repair: 24 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Synovitis and tenosynovitis (ICD9 727.0):   
Postsurgical treatment: 14 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Tendon transfer forearm, wrist or hand [DWC]:   
Postsurgical treatment: 14 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Tendon transfers - thumb or finger [DWC]:   
Postsurgical treatment: 26 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
TFCC injuries-debridement (arthroscopic) [DWC]:   
Postsurgical treatment:10 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Trigger finger (ICD9 727.03):   
Postsurgical treatment: 9 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):   
Postsurgical treatment: 20 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Wrist - intercarpal ligament reconstruction or repair [DWC]:   
Postsurgical treatment 20 visits over 6 months   
\*Postsurgical physical medicine treatment period: 8 months   
  
END OF CMTUS FOREARM, WRIST, AND HAND POSTOP PT

**California Head Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Head   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
Patient rehabilitation after traumatic brain injury is divided into two periods: acute and subacute. In the beginning of rehabilitation therapist evaluates patient's functional status, later he uses methods and means of treatment, and evaluates effectiveness of rehabilitation. Early ambulation is very important for patients with coma. Therapy consists of prevention of complications, improvement of muscle force, and range of motions, balance, movement coordination, endurance and cognitive functions. Early rehabilitation is necessary for traumatic brain injury patients and use of therapy methods can help to regain lost functions and to come back to the society. (Colorado, 2005) (Brown, 2005) (Franckeviciute, 2005) (Driver, 2004) (Shiel, 2001)   
  
Fracture of skull (ICD9 801):   
\*Postsurgical physical medicine treatment period: 6 months   
  
END OF CMTUS HEAD POSTOP PT

**California Hernia Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Hernia   
Not recommended. No evidence of successful outcomes compared to surgery.   
  
END OF CMTUS HERNIA POSTOP PT

**California Hip, Pelvis and Thigh Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Hip, Pelvis and Thigh (femur)   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
A therapy program that starts immediately following hip surgery allows for greater improvement in muscle strength, walking speed and functional score. (Jan, 2004) (Jain, 2002) (Penrod, 2004) (Tsauo, 2005) (Brigham, 2003) (White, 2005) (National, 2003) A weight-bearing exercise program can improve balance and functional ability to a greater extent than a nonweight- bearing program. (Expert, 2004) (Binder, 2004) (Bolgla, 2005)(Handoll, 2004) (Kuisma, 2002) (Lauridsen, 2002) (Mangione, 2005) (Sherrington, 2004) Patients with hip fracture should be offered a coordinated multidisciplinary rehabilitation program with the specific aim of regaining sufficient function to return to their pre-fracture living arrangements. (Cameron, 2005) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008)   
  
Arthrodesis [DWC]:   
Postsurgical treatment: 22 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Arthropathy, unspecified (ICD9 716.9):   
Postsurgical treatment, arthroplasty/fusion, hip: 24 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Fracture of neck of femur (ICD9 820):   
Postsurgical treatment: 24 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Fracture of pelvis (ICD9 808):   
Postsurgical treatment: 24 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Osteoarthrosis and allied disorders (ICD9 715):   
Post-surgical treatment: 18 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Synovectomy [DWC]:   
Postsurgical treatment: 14 visits over 3 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
END OF CMTUS HIP, PELVIS AND THIGH POSTOP PT

**California Knee Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.23.6. Knee Complaints   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Knee   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate shortterm, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Minns Lowe, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008)   
  
Amputation of leg (ICD9 897):   
Post-replantation surgery: 48 visits over 26 weeks   
\*Postsurgical physical medicine treatment period: 12 months   
Post-amputation [DWC]: 48 visits over 6 months   
\*Postsurgical physical medicine treatment period: 8 months   
  
Arthritis (Arthropathy, unspecified) (ICD9 716.9):   
Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):   
Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of neck of femur (ICD9 820):   
Postsurgical treatment: 18 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of other and unspecified parts of femur (ICD9 821):   
Postsurgical treatment: 30 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of patella (ICD9 822):   
Postsurgical treatment: 10 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Fracture of tibia and fibula (ICD9 823):   
Postsurgical treatment (ORIF): 30 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Manipulation under Anesthesia (knee) [DWC]:   
Postsurgical treatment: 20 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):   
Postsurgical treatment: 12 visits over 12 weeks   
\*Postsurgical physical medicine treatment period: 4 months   
  
Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):   
Postsurgical treatment: (ACL repair): 24 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
END OF CMTUS KNEE POSTOP PT

**California Low Back Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.23.5. Low Back Complaints   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Low Back   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
As compared with no therapy, therapy (up to 20 sessions over 12 weeks) following disc herniation surgery was effective. Because of the limited benefits of therapy relative to massage, it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed. (Erdogmus, 2007)   
  
Artificial Disc [DWC]:   
Postsurgical treatment: 18 visits over 4 months   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of vertebral column with spinal cord injury (ICD9 806):   
Postsurgical treatment: 48 visits over 18 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of vertebral column without spinal cord injury (ICD9 805):   
Postsurgical treatment: 34 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Intervertebral disc disorder with myelopathy (ICD9 722.7):   
Postsurgical treatment: 48 visits over 18 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):   
Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
Postsurgical treatment (arthroplasty): 26 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
Postsurgical treatment (fusion): 34 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Spinal stenosis (ICD9 724.0):   
See 722.1 for postsurgical visits   
\*Postsurgical physical medicine treatment period: 6 months   
  
END OF CMTUS LOW BACK POSTOP PT

**California Neck Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.23.1. Neck and Upper Back Complaints   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Neck & Upper Back   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
Displacement of cervical intervertebral disc (ICD9 722.0):   
Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Degeneration of cervical intervertebral disc (ICD9 722.4):   
See 722.0 for postsurgical visits   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of vertebral column without spinal cord injury (ICD9 805):   
Postsurgical treatment: 34 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of vertebral column with spinal cord injury (ICD9 806):   
Postsurgical treatment: 48 visits over 18 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
END OF CMTUS NECK POSTOP PT

**California Shoulder Post Op PT**

California Medical Treatment Utilization Schedule   
§ 9792.23.2. Shoulder Complaints   
§ 9792.24.3. Postsurgical Treatment Guidelines   
Shoulder   
  
(2) “Initial course of therapy” means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.   
(c) Postsurgical Patient Management   
(3) If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.   
  
Acromioclavicular joint dislocation (ICD9 831.04):   
AC separation, type III+: 8 visits over 8 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Adhesive capsulitis (ICD9 726.0):   
Postsurgical treatment: 24 visits over 14 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Arthritis (Osteoarthrosis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9):   
Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0):   
Postsurgical treatment: 20 visits over 10 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Complete rupture of rotator cuff (ICD9 727.61; 727.6):   
Postsurgical treatment: 40 visits over 16 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Dislocation of shoulder (ICD9 831):   
Postsurgical treatment (Bankart): 24 visits over 14 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Fracture of humerus (ICD9 812):   
Postsurgical treatment: 24 visits over 14 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):   
Postsurgical treatment, arthroscopic: 24 visits over 14 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
Postsurgical treatment, open: 30 visits over 18 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
Sprained shoulder; rotator cuff (ICD9 840; 840.4):   
Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks   
\*Postsurgical physical medicine treatment period: 6 months   
  
END OF CMTUS SHOULDER POSTOP PT