



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW:

12/20/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under review include three times a week for two week treatments consisting of 97110, 97112, 97032, 97035 and 97002.

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

The reviewer is a board certified physical medicine and rehabilitation physician with greater than 10 years of experience in this field.

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 two visits of services under review.

The reviewer agrees with the previous adverse determination regarding all remaining services.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: the carrier, URA and treating doctor.

These records consist of the following (duplicate records are only listed from one source): Records from Dr.: PT eval 11/1/07, 9/3/07 to 10/25/07

Hx/physical/treatment notes, activity status reports of 9/3/07 to 10/25/07, 10/25/07 script, 9/21/07 note by MD, 7/23/07 to 8/30/07 notes by MD and left ankle MRI of 8/7/07.

Records from the: TDI intake paperwork, denial letters of 11/9/07 and 11/16/07, preauth requests of 11/5/07 and 11/9/07 and 10/30/07 to 11/8/07 scripts.

Records from: various TWCC 73's, Hx/physical/treatment notes from 6/14/07, activity status reports from 6/14/07, notes of 2/20/07 to 5/9/07, 3/20/07 bone scan and 4/9/07 report.

A copy of the ODG guidelines was not received from the carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured at work on or about xx/xx/xx while chasing a special education child. She has a verified (by MRI) left ankle sprain affecting the talofibular and calcaneofibular ligaments. 6 visits of previously performed PT are verified according to the documentation sent by. She is now under the care of Dr. and PT who are requesting 6 more visits.

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

The reviewer indicates that improvements in ROM and ankle strength were noted at the last visit. No apparent plateau has been reached in the care received by this patient. PT was requested by then the patient changed treating doctors. Now Dr. notes in his examination that a deterioration of ankle ROM is noted as well as reduced ankle strength is present in dorsiflexion. The reviewer concedes that there may (or may not) be inter-rater reliability issues between the therapists.

The ODG indicates that this procedure is recommended in the guidelines. 9 visits are recommended by the ODG for an ankle sprain that is managed non-operatively. This patient has performed 6 of the 9 sessions. Therefore, 3 additional visits are approved at this time. The remaining sessions are disapproved as they are not approved per the 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)