

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 02/23/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy three times a week for four weeks to include CPT codes 97010, 97110, 97124, and 97140

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

Board Certified in Podiatry
Board Certified in Podiatric 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with dated 01/18/06
Nursing notes with an unknown nurse (no name or signature was available) dated 01/18/06

Evaluations with dated 01/18/06, 01/19/06, 01/20/06, 01/23/06, 01/24/06, 01/27/06, 02/03/06, 02/17/06, 02/24/06, 04/07/06, 05/12/06, 05/18/06, 06/09/06, 06/13/06, 07/03/06, 07/05/06, 07/14/06, 07/25/06, 08/01/06, 08/22/06, 08/29/06, 09/12/06, 10/16/06, 10/18/06, 11/28/06, and 01/09/07

X-rays of the left foot, fibula, and ankle interpreted by M.D. dated 01/18/06

CT scans of the left ankle and foot interpreted by M.D. dated 01/18/06

Laboratory studies dated 01/18/06, 01/19/06, 01/23/06, 07/19/06, 07/20/06, 07/21/06, 10/04/06, 10/05/06, and 10/06/06

X-rays of the chest, left ankle, and left foot interpreted by M.D. dated 01/19/06

X-rays of the left tibia and fibula interpreted by dated 01/19/06

Spot views of the left foot and leg interpreted by dated 01/19/06

Evaluations with an unknown podiatrist (the signature was illegible) dated 01/21/06 and 01/22/06

A physical therapy evaluation with an unknown therapist (the signature was illegible) dated 01/23/06

X-rays of the left ankle, left foot, and left tibia and fibula interpreted by M.D. dated 02/07/06

Operative reports from dated 04/12/06, 07/07/06, 07/20/06, and 08/16/06

Physical therapy evaluations with an unknown therapist (the signature was illegible) dated 04/27/06 and 06/01/06

Physical therapy with the unknown therapist dated 04/27/06, 05/01/06, 05/04/06, 05/05/06, 05/08/06, 05/11/06, 05/15/06, 05/17/06, 05/24/06, 05/30/06, 06/01/06, 06/05/06, and 06/08/06

MRIs of the left tibia and fibula and left ankle interpreted by M.D. dated 06/26/06

An evaluation with M.D. dated 07/05/06

X-rays of the left tibia and fibula and chest interpreted by M.D. dated 07/05/06

An x-ray of the chest interpreted by dated 07/06/06

Nursing notes from R.N. dated 07/11/06, 08/09/06, and 08/30/06

A pathology report interpreted by M.D. dated 07/20/06

A chest x-ray interpreted by M.D. dated 08/15/06

Physical therapy referrals from dated 08/30/06 and 10/18/06

Evaluations with M.D. dated 09/21/06, 10/04/06, 10/05/06, and 10/06/06

An authorization request from dated 09/27/06
An operative report from dated 10/04/06
An evaluation with M.D. dated 10/05/06
A chest x-ray interpreted by dated 10/05/06
A CT scan of the chest interpreted by dated 10/05/06
An evaluation with another unknown therapist (the signature was illegible) dated 11/08/06
An evaluation with P.T. dated 12/05/06
Letters of non-authorization from dated 12/11/06 and 01/03/07
A letter written by dated 01/09/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 01/18/06, provided injections of Morphine, Demerol, and Phenergan. On 01/18/06, recommended surgery. X-rays of the left foot, left tibia and fibula, and left ankle interpreted by on 01/18/06 revealed multiple mid foot and forefoot fractures. CT scans of the left ankle and foot interpreted by on 01/18/06 revealed a fracture along the distal fibula and multiple fractures in the foot and ankle. X-rays of the left foot, tibia, and fibula interpreted by on 01/19/06 revealed an external fixation device had been placed. On 01/27/06, recommended continued wound care, ice, elevation, and use of crutches, along with surgery. X-rays of the left ankle, left foot, and left tibia and fibula interpreted by on 02/07/06 revealed a nondisplaced fracture of the lateral malleolus and extensive postoperative changes in the left foot. On 04/12/06, performed removal of the external fixator. Physical therapy was performed with an unknown therapist from 04/27/06 through 06/08/06 for a total of 13 sessions. On 06/09/06, recommended additional physical therapy and prescribed Augmentin. On 06/13/06, recommended an MRI of the left leg. MRIs of the left tibia, fibula, and left ankle interpreted by on 06/26/06 revealed findings of osteomyelitis in the mid shaft of the tibia, bone marrow edema, and possible chronic tendonitis and tenosynovitis of the peroneus longus and brevis tendons. On 07/03/06, prescribed Duricef. On 07/05/06, placed the patient on IV Vancomycin and Cefepime and recommended a wound culture. On 07/07/06, performed incision and draining, debridement/excision of the infected bone of the left tibia, and implantation of antibiotic impregnated beads. On 07/20/06, removed the antibiotic impregnated beads, performed incision and debridement of the left tibia bone, and reinserted the antibiotic impregnated beads. On 08/16/06, performed debridement of the left

tibia and harvest and application of left tibial bone grafting. On 08/22/06, continued the patient on Meropenem. On 09/12/06, recommended an evaluation with a plastic surgeon and continued Levaquin and Daypro. On 10/04/06, performed irrigation and debridement, skin grafting, and insertion of a pain pump. A chest x-ray interpreted by on 10/05/06 was unremarkable. A CT scan of the chest interpreted by on 10/05/06 revealed mild emphysematous changes. On 10/16/06, performed a steroid injection and recommended physical therapy. On 11/28/06, recommended further physical therapy. On 12/11/06 and 01/03/07, Shorman Solutions wrote letters of non-authorization for physical therapy. On 01/09/07, wrote a letter of appeal for the physical therapy.

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

Based upon the available information, I recommend the patient have physical therapy for four weeks. This physical therapy should include hot/cold pack therapy, therapeutic exercises, massage therapy, and manual therapy techniques at 15 minutes intervals. These procedure of 97010, 97110, 97124, 97140. It is my opinion that the patient will benefit for one more month of this treatment due to the fact that he has had such an extensive history of surgery and wound treatment. Normal recovery of this type of wound is approximately 16 to 18 weeks according to the Official Disability Guidelines. Most individuals reach Maximum Medical Improvement (MMI) in approximately 16 weeks. In my opinion, this patient is going to take much longer to heal and get over the injury since the injury was such a devastating injury with developed complications which included osteomyelitis and eventual wound closure with muscle flaps and split thickness skin graft. This case is unusual due to the fact that he had such extensive damage and pain associated with this damage. Even though a majority of individuals do get better with this injury in approximately 16 weeks, I feel due to extensive damage and injury to this patient, he should have one more month of physical therapy three times a week for four weeks to help reduce some pain.

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 AND KNOWLEDGE BASE
- 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)**