

**IRO NOTICE OF DECISION – WC**

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**DATE OF REVIEW:** MARCH 13, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Physical Therapy three times a week for four weeks for therapeutic exercises, physical modalities and ultrasound to the left Achilles area.

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

Physician Reviewer, board certified in Orthopedic 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.

Injury Date	Claim Number	ICD-9/DSMV	HCPCS/NDC	Type of Review	Upheld Overturn
x-xx-xxxx	Exxxxxxx	726.71	97110	Pre-authorization	Upheld
x-xx-xxxx	Exxxxxxx	726.71	97140	Pre-authorization	Upheld
x-xx-xxxx	Exxxxxxx	726.71	97035	Pre-authorization	Upheld
x-xx-xxxx	Exxxxxxx	726.71	G0283	Pre-authorization	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Physician Initial Evaluation of xx-xx-xxxx  
Physical Therapy Progress Notes xx-xx-xxxx to 2-16-2007  
Pre-authorization Request Form dated 2/12/2007 and 2/15/2007

Physician office note of 2-7-2007

Physician Prescription to evaluate and treat dated 2-7-2007

Adverse Determination letters dated 2-15-2007 and 2-23-2007

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Tripped and fell while at work on x-xx-xxxx and injured the Achilles tendon. A repair of the left Achilles tendon was performed on 9-14-2006. A physical therapy (PT) assessment / evaluation was done on 10-17-2007. Physical therapy services were begun on 10-24-2007 and continued for 48 PT visits. According to the records provided, the last PT visit was on 2-16-07.

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

The records showed that the last recorded left ankle motion on 2-9-2007 was dorsiflexion (DF) 16 degrees and plantar flexion (PF) 42 degrees as compared to the right ankle DF of 14 degrees and PF of 43 degrees on 10-17-2006. The strength of the left ankle in DF 5/5 and PF 5/5. The Reviewer stated that it takes 12 or more months to achieve maximum strength and some residual weakness is common. Thusly, it does not appear that additional physical therapy visits are medically necessary but rather, the claimant should do appropriate exercises daily as previously instructed by PT.

IRO REVIEWER REPORT - WC

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**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
- X 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)