

Clear Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: OCTOBER 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 9/17/07, 9/25/07

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates (Ankle/Food-Physical Therapy)

Prescription for physical therapy 06/11/07

Physical therapy evaluation 06/18/07

Physical therapy treatment notes 06/18/07, 06/25/07, 06/26/07, 06/28/07, 07/02/07, 07/05/07, 07/06/07, 07/09/07, 07/11/07, 07/13/07, 07/16/07, 07/18/07, 07/20/07, 07/25/07, 07/27/07, 07/30/07, 08/01/07, 08/03/07, 08/06/07, 08/15/07, 08/17/07, 08/20/07, 08/22/07, 08/24/07, 08/27/07, 08/29/07, 08/31/07, 09/04/07, 09/05/07, 09/07/07, 09/10/07

Physical therapy graph 06/25/07 to 08/15/07

Physical therapy graph 07/05/07 to 08/15/07

Physical therapy progress note 07/06/07

Physical therapy prescription 07/09/07

Prescription for physical therapy 07/20/07

Physical therapy progress note 07/20/07

Prescription for physical therapy 07/23/07

Physical therapy progress note 08/03/07
Prescription for physical therapy 08/13/07
Physical therapy graph 08/17/07 to 09/10/07
Office note of Dr. 08/20/07
Physical therapy progress note 09/04/07
Prescription for physical therapy 09/10/07
Peer review by Dr. 09/17/07
Peer review by Dr. 09/25/07
Note from attorney 10/05/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a driver supervisor who sustained a right ankle sprain and right leg contusion on when a co-worker drove off in a car and ran over her right foot, ankle and lower leg. She was placed on crutches and was started in physical therapy on 06/18/07. A physical therapy progress note of 08/03/07 indicated that the claimant was independent and compliant with a home exercise program. Dr. evaluated the claimant on 08/20/07 reporting continued medial ankle pain. She was very tender over the entire medial ankle and very tight in her heel cord. She walked very carefully. Dr. kept her off work for four additional weeks and recommended continued aggressive work with heel cord strengthening. The claimant was noted to have attended 30 visits of physical therapy to date. A physical therapy progress report of 09/04/07 noted an increased ability to walk independently, though reported a two day history of increased pain in the medial foot. Ankle dorsiflexion was 10 degrees, plantar flexion 50 degrees, inversion 30 degrees and eversion 20 degrees. Strength was: dorsiflexion 25 pounds, plantar flexion 31 pounds, inversion 25 pounds and eversion 29 pounds. She had decreased weight bearing through the right lower extremity and decreased step off on the right lower extremity and tenderness of the right medial ankle. She wasn't using any assistive devices. Continued therapy was requested. The request for continued therapy was denied on two prior reviews dated 09/17/07 and 09/25/07 and is currently being disputed.

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

This particular claimant is four months post injury to her right ankle. Thirty visits of physical therapy is an adequate course for the diagnosis indicated. She has near normal range of motion and is reportedly independent with her home exercise program. While decreased ankle dorsiflexion with decreased stepoff on the right is noted, additional formal physical therapy is not likely at this juncture to provide further functional improvements which could not be addressed with an aggressive home based exercise program. Based upon the medical records I cannot recommend additional physical therapy as medically necessary for this claimant and agree with the insurance carrier's recommendations.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (i.e. Foot and Ankle – Physical Therapy)

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.

Ankle Sprain:

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 34 visits over 16 weeks

**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)