

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 04/03/08

**IRO CASE #:**

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

Physical therapy three times weekly for four weeks in the right ankle and foot.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology with Certificate of Added Qualifications by the American Board of Anesthesiology in Pain Management, in practice of Pain Management for over 20 years

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial 01/16/08 & 02/11/08, and criteria for denial (ODG)
3. H&P 01/02/08
4. Physical therapy evaluations 08/31/07 01/07/08
5. S.O.A.P. and progress notes 08/31/07 - 01/06/08

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual has tibialis tendinitis in the right ankle and foot, the result of a work-related injury on xx/xx/xx. He has had surgery with hardware placement. This individual has had 33 sessions of physical therapy. There is an indication that the hardware may be loose and will need surgical treatment.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

ODG Guidelines recommend a maximum of 21 physical therapy sessions after post surgical fracture. This individual has had 33 sessions to date. Also, there is indication and documentation that additional surgery is warranted and is expected, so it is not reasonable and necessary to continue physical therapy at this time.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

---

# INDEPENDENT REVIEW INCORPORATED

---

- 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 judgment, 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 national accepted medical literature (provide a description).
  - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
-