



## REVIEWER'S REPORT

**DATE OF REVIEW:** 08/26/08

**IRO CASE #:**

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

Physical therapy, left ankle, three times a week for four weeks.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients with extremity injuries.

**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. ZRC forms
2. TDI referral forms
3. TDI fax cover sheets
4. Denial letter 06/20/08 and 07/16/08
5. Notice letter
6. Carrier records
7. Preauthorization request, 06/18/08 and 07/09/08
8. Physical therapy initial evaluation, 06/18/08
9. Physical therapy prescription, 06/12/08
10. MRI scan of left ankle, 06/28/08

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

This female suffered a twisting injury to her left ankle on approximately xx/xx/xx. The exact mechanism of injury is not documented in the medical records. The specific treatment is not documented in the medical record other than a prescription for physical therapy.

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

There are limited medical records. The principle medical records are the denial letters dated 06/20/08 and 07/16/08. The diagnoses codes include ankle sprain, arthralgia, abnormal gait, stiffness of foot and ankle, and generalized muscle weakness. The ODG Guidelines recommends nine visits of physical therapy total in the medical treatment of ankle sprain. This should be transitioned from three times a week to approximately one a week. In the advent of a severe ankle sprain, ankle support can be utilized on a chronic basis for pain relief and stability.

**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.)*

- 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.)