

True Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 214-276-1904

DATE OF REVIEW: February 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of physical therapy for the left ankle three times a week for four weeks

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

OD Guidelines

Office notes, Dr., 09/28/07, 12/28/07

Therapy note, 10/29/07

Physical therapy notes, 10/31/07, 11/02/07, 11/05/07, 11/07/07, 11/09/07, 11/12/07, 11/14/07, 11/16/07, 11/19/07, 11/28/07, 11/30/07, 12/03/07

Physical therapy progress note, 01/21/08

Letter from Attorney, 02/07/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This female claimant reported an ankle injury. The records indicated that the claimant was initially diagnosed with a sprain of the ankle calcaneofibular and was treated conservatively with a boot and physical therapy. The claimant attended approximately twelve sessions of physical therapy. A 01/21/08 therapy progress note indicated that the claimant had progressed with decreased pain and improved function. On a 12/28/07 physician visit, it was noted that the claimant had residual tenderness and instability of the left ankle. Additional physical therapy was recommended with strengthening of the peroneal tendons with hopeful avoidance of surgery to repair ankle ligaments.

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

An additional twelve sessions of therapy does not appear warranted based on a careful review of the medical records.

The claimant had an ankle sprain over five months ago. She was later treated with twelve physical therapy visits. In general, ODG guidelines allow nine visits over eight weeks. The patient's most recent therapy note of 01/21/08 indicated that the patient was progressing with decreased pain and improved function. She had quite good motion and further formal therapy would not seem warranted based on the medical records reviewed.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Ankle and Foot: Physical therapy (PT)

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)