Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: February 15, 2008

IRO Case #:

Description of the services in dispute:

Preauthorization - Physical therapy: CPT code #97110, #97116, #97032, #97140, #97022, #97530, and #97112.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who completed this review is board certified by the American Board of Physical Medicine and Rehabilitation. This reviewer is a member of the Texas Medical Association, ther International Spine Injection Society and the American Academy of Pain Management. This reviewer is certified by the American Board of Independent Medical Examiners. This reviewer has been in active practice since 2000.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Partially Upheld

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.

Medical necessity exists for CPT #97110, #97116, #97530 and #97112.

Medical necessity does not exist for CPT #97032, #97140, and #97022.

Information provided to the IRO for review

Records Received from the State:

Records received from the state cover sheet, 1/28/08, 1 page
Fax cover sheet from, 2/13/08, 1 page
Letter from 2/13/08, 1 page
Fax cover sheet from, 1/28/08, 1 page
Fax cover sheet from, 1/28/08, 2 pages
Notice to of Case Assignment, 1/28/08, 1 page
Notice of assignment of independent review organization, 1/28/08, 2 pages

Letter from, 1/28/08, 1 page
Confirmation of receipt of a request for a review by an independent review organization, 1/25/08, 5 pages
Request for a review by an independent review organization, 1/14/08, 3 pages
Instructions from, undated, 1 page

Records Received from:
Records received from coversheet, 1/28/08, 1 page
Preauthorization review summary, 12/21/07, 7 pages
pre-authorization determination, 12/20/07, 4 pages
Fax to, 12/17/07, 1 page
Pre-authorization request, 12/10/07, 6 pages
History and physical, 12/7/07, 2 pages
Pre-authorization review summary, 1/11/08, 3 pages
Pre-authorization advisor review form, 1/7/08, 1 page
Fax cover sheet, 1/3/08, 1 page
Appeal, 1/3/08, 6 pages
History and physical, 12/7/07, 2 pages
Operative report, 11/19/07, 1 page
Physical therapy report, 1/28/08, 2 pages

Records Received From:
Records received from coversheet, 1/29/08, 1 page
Report of medical evaluation, 1/17/08, 1 page
Work Status Report, 1/17/08, 1 page
Patient note, 1/17/08, 1 page
Pre-authorization review summary, 1/11/08, 2 pages
Pre-authorization review summary, 12/21/07, 7 pages
Fax to, 12/10/07, 1 page
Pre-authorization request, 12/10/07, 6 pages
Work status report, 12/7/07, 2 pages
History and physical, 12/7/07, 1 page
Work Status Report, 12/3/07, 1 page
Patient note, 12/3/07, 1 page
Patient information, 12/3/07, 1 page
Physician's orders, 12/3/07, 1 page
Patient referral form, 12/3/07, 1 page
Work Status Report, 11/27/07, 1 page
Prescription, 11/27/07, 1 page
Prescription form, 11/27/07, 1 page
Work Status Report, 11/26/07, 1 page
Patient information, 11/19/07, 1 page

Physician orders, 11/26/07, 1 page
Patient note, 11/26/07, 1 page
Operative note, 11/19/07, 1 page
Preauthorization review summary, 11/14/07, 2 pages
Work Status Report, 11/8/07, 1 page
Patient note, 11/8/08, 1 page
Patient information, 12/7/07, 1 page
Physicians orders, 11/8/07, 1 page
Patient note, 11/8/08, 1 page
Work Status Report, 11/1/07, 1 page
Patient note, 11/1/07, 1 page
MRI report, 11/1/07, 1 page
Patient note, 11/1/07, 1 page
MRI report, 11/1/07, 1 page
Imaging report, 11/1/07, 1 page
Work Status Report, 10/18/07, 1 page
Patient information, 10/18/07, 1 page
Physician orders, 10/18/07, 1 page
Patient note, 10/18/07, 1 page
Patient note, 10/11/07, 1 page
Physician orders, 10/11/07, 1 page
Work Status Report, 10/4/07, 1 page
Patient note, 10/4/07, 1 page
Physician orders, 10/4/07, 1 page
Work Status Report, 10/7/08, 1 page
Patient note, 10/1/07, 1 page
Physician orders, 10/1/07, 1 page
Patient note, 9/28/07, 2 pages
Work Status Report, 9/23/07, 1 page
Transcription, 9/20/07, 2 pages
Work Status Report, 9/19/07, 1 page
Transcription, 9/19/07, 2 pages
X-ray report, 9/16/07, 1 page
Patient information, 10/2/07, 1 page
Patient record, 9/15/07, 1 page
Emergency physician record, 10/2/07, 2 pages
Emergency department triage record, 9/15/07, 1 page
Initial nursing assessment, 10/2/07, 1 page
Emergency department patient care record, 10/2/07, 2 pages
Medical treatment authorization, 10/2/07, 1 page
X-ray report, 10/2/07, 1 page
Employer's first report of injury or illness, 1 page

Discharge instructions, 1 page

Patient clinical history [summary]

This is a xx-year-old male with work-related injury last xx/xx/xx where he suffered a left foot crush injury. The records showed that he tried conservative approaches first but failed. After extensive radiographic studies, he was later found to have a mass in the first and second metatarsal and scar tissue of the first, second, and third metatarsals. He underwent excision of the mass and tenolysis of the left first, second, and third toe extensors. Subsequent Outpatient PT (physical therapy) treatments were then requested.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

CPT #97110: Therapeutic Procedure; therapeutic exercises to develop strength and endurance, range of motion, and flexibility.

ODG-TWC Ankle and Foot (Acute and Chronic): Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be taught to do early passive range-of-motion exercises at home by a physical therapist.

CPT #97116: Therapeutic Procedure; gait training

ODG-TWC Ankle and Foot (Acute and Chronic): Recommended. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. Functional treatment for severe ruptures of the lateral ankle ligaments leads to better results than cast immobilization for six weeks. After surgical reconstruction for chronic lateral ankle instability, early functional rehabilitation was shown to be superior to six weeks immobilization regarding time to return to work and sports.

CPT #97032: Application of Electrical Stimulation

ODG-TWC Ankle and Foot (Acute and Chronic): Not recommended. There is little information available from trials to support the use of many interventions for treating disorders of the ankle and foot. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated.

CPT #97140: Manual Therapy

ODG-TWC Ankle and Foot (Acute and Chronic): Not recommended. There is limited evidence from trials to support the use of manipulation for treating disorders of the ankle and foot, although it is commonly done and there is anecdotal evidence of its success. In general, it would not be advisable to use this beyond 2-3 weeks if signs of objective progress towards functional restoration are not

clearly demonstrated.

CPT #97022: Application of Whirlpool.

ODG-TWC Ankle and Foot (Acute and Chronic): Not Recommended. This form of therapy is not even mentioned in the ODG.

CPT #97530 Therapeutic Activities

ODG-TWC Ankle and Foot (Acute and Chronic): Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be taught to do early passive range-of-motion exercises at home by a physical therapist.

CPT #97112: Therapeutic Procedure; neuromuscular reeducation of movement balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.

ODG-TWC Ankle and Foot (Acute and Chronic): Recommended. Early mobilization, functional treatment and partial weight bearing as tolerated appear to be a favorable treatment strategy for acute ankle sprains when compared with immobilization. Functional treatment comprises a broad spectrum of treatment strategies and as of yet no optimal strategy has been identified. The use of an elastic bandage has fewer complications than taping but appears to be associated with a slower return to work, and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared with semi-rigid ankle support, elastic bandage and tape.

A description and the source of the screening criteria or other clinical basis used to make the decision:

In order to be considered to be standard medical care and not experimental or investigational, a new treatment must have been shown to be safe and effective in at least two independent scientifically-valid randomized controlled trials from two unrelated institutions or research groups, or at least one randomized controlled multicenter study that reports data separately from each center. These studies must have been carried out by investigators who are independent of and not receiving support from the manufacturer or sponsor of the new treatment and must have been published in the reputable peer-reviewed medical journals which ar accepted for indexing in the standard medical bibliographic indices such as Index Medicus.

ODG -TWC. ODG Treatment. Integrated Treatment/Disability Duration Guidelines: Ankle & Foot (Acute & Chronic).

Colorado Division of Workers' Compensation, Medical Treatment Guidelines, Rule XVII, Exhibit C, Lower Extremity Injury, 12/01/01.

Shrier I. Does stretching improve performance: a systematic and critical review of the literature. Clin J Sport Med. 2004 Sep;14(5): 267-73.

Crawford F, Atkins D, Edwards J. Interventions for treating plantar heel pain (Cochrane Review). In: The Cochrane Library, Issue 3, 2002.

Lawrence DJ. Chiropractic manipulation for the foot: Diversified chiropractic techniques. Man Ther. 2001 May;6(2): 66-71.

Nash CE, Mickan SM, Del Mar CB, Glasziou PP. Resting injured limbs delays recovery: a systematic review. J Fam Pract. 2004 Sep;53(9): 706-12.

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