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DATE OF REVIEW: 02.29.08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient physical therapy

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery
TX DWC ADL

REVIEW OUTCOME:

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

☒ Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Outpatient physical therapy		-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office visits		112	08/09/2007	01/15/2008
2	Therapy	Rebound	56	10/24/2007	12/19/2007

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained a right ankle fracture described as lateral and posterior malleolar fractures with disruption of the deltoid and sysdesmotic ligaments; he underwent ORIF that day. He had typical postop PT and appeared to recover uneventfully. On 10-2-07, the syndesmosis screws were removed. On 1-7-08, the patient was noted to be completely symptom-free, full weight bearing without pain. Then on 1-10-08,

presents with increased pain, but no other significant exam findings. PT modalities were suggested. Previous preauthorization requests for up to 12 PT sessions have been denied, based on ODG criteria (the most relevant criteria for this fracture pattern is that for a trimalleolar ankle fracture, anticipated to have very similar rehab needs).

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

There appears to be no specific clinical dysfunction that would require formal supervised PT at this time. Intermittent episodes of discomfort are common as a patient recovers from this type of injury; in fact, the patient may never be completely symptom-free. However, recurrence of symptoms without specific clinical dysfunction does not require PT modalities or active treatment. After HWR surgery, the patient should have been capable of a self-directed HEP.

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. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Fracture of ankle, Trimalleolar (ICD9 824.6):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

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

ODG: