P&S Network, Inc.

8484 Wilshire Blvd, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

Notice of Independent Review Decision

DATE OF REVIEW: March 3, 2008

IRO CASE #:

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

This case was reviewed by a Pain Management doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Six physical therapy visits 97110, 97140

REVIEW OUTCOME

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

Overturned (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Submitted medical records were reviewed in their entirety.
- Treatment guidelines were provided to the IRO.
- Undated letter from P.A.-C
- November 26, 2007 to January 29, 2008 work status reports, prescriptions, and chart notes from Doctors
- January 15, 2008 through February 6, 2008 utilization review report/letters
- January 10, 2008 evaluation report
- January 4, 2008 x-ray report by M.D.
- January 4, 2008 chart notes one within an illegible signature

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient sustained an industrial injury. According to a January 15, 2008 utilization review report, a request for six physical therapy visits was denied. The report states that the claimant injured the right heel and x-rays were normal. The patient had not undergone physical therapy. The working diagnosis was heel contusion. A phone call was made by the reviewing physician who spoke with a physician assistant. The reviewing physician advised that a physical therapy evaluation should be completed prior to physical therapy being provided. The physician assistant reportedly agreed this would be done prior to any reconsideration request.

The case was again reviewed on January 28, 2008 and was again denied. This report states that at least six sessions of therapy services have been provided since the date of injury. The Official Disability Guidelines were quoted stating that there would be an expectation that a person could perform a proper non-supervised rehabilitation regimen when they are this far removed from the onset of symptoms and when therapy services have previously been provided.

A third utilization review was performed on February 6, 2008 and a non-certification rendered. The Official Disability Guidelines were again referenced stating that there would not be support for the medical necessity of the current therapy services, as the requested amount of therapy services would exceed the amount recommended for the described medical situation.

The medical records contain a January 4, 2008 right heel x-ray report which notes that the bones are normal in mineralization. There was no evidence of fracture or dislocation. The soft tissues were unremarkable. The impression was normal two views of the right heel.

A patient evaluation report, dated January 10, 2008, states that the patient complains of pain, aching, and stiffness in the right calf and heel. Symptoms are exacerbated by weight bearing, continued work, increased work, pushing/pulling, walking, and stairs. Examination findings included marked swelling of the right posterior heel, apparent tenderness noted through palpatory pressure at the Achilles' tendon, 4/5 ankle dorsiflexion strength, 4/5 ankle plantar flexion strength, normal myotomal motor testing, normal deep tendon reflexes, and normal sensation. Deficits were found in passive range of motion, flexibility, strength, activity tolerance, and increased symptoms. A treatment plan including both passive and active modalities was recommended. It appears that this evaluation was performed by a therapist.

A letter from the physician assistant states that the patient was seen several times at the office for a contusion to the right heel/Achilles area. The patient was treated with anti-inflammatories and restrictions at work, however, these did not seem to alleviate the pain. Physical therapy was recommended to expedite the healing process and his eventual return to full duty.

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

The medical records now include a physical therapy evaluation sheet which reveals positive objective findings in the form of decreased strength, decreased pass range-of-motion, and swelling. The claimant has had a trial of treatment that included anti-inflammatory medication and activity modification. He has not undergone previous therapy. According to the Official Disability Guidelines (2008), physical therapy is recommended for foot/ankle conditions. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Given that he demonstrates continued objective findings after a course of treatment, a brief trial of physical therapy is indicated. Therefore, my determination is to overturn the previous non-certification of six physical therapy visits 97110, 97140.

The IRO's decision is consistent with the following guidelines:

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

__X__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

According to the Official Disability Guidelines (2008), physical therapy is recommended for foot/ankle conditions. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. See also specific physical therapy modalities by name. (Colorado, 2001) (Aldridge, 2004) This RCT supports early motion (progressing to full weightbearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and nonsurgically treated patients with Achilles tendon ruptures. (Twaddle, 2007) 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.