

# IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Fax: 817-549-0310

Notice of Independent Review Decision

**DATE OF REVIEW:** May 24, 2008

**IRO CASE #:**

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

8-18 sessions of additional physical therapy

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

Board Certified in Physical Medicine and Rehabilitation

**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

Denial Letters 4/15/08 and 5/7/08

Medical Records from Sports Medicine 1/22/08 thru 3/26/08

Medical Records from Medical 11/19/07 thru 3/26/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a xx year old who apparently tripped on the jetway as she left a plane on xx/xx/xx . The description suggested her left leg was “pulled back.” She was seen three days later with pain along the lateral 3 toes and pain in the lower shin. There was no sign of ecchymoses. She received 19 sessions of physical therapy that included passive modalities and therapeutic exercises. She followed with a home program. She has made

some reported slight gains, but remains upset over the persistent symptoms. This includes pretibial pain with some sensitivity in the posterior and lateral calf. She continues to have a limp. There is reportedly some subtle signs of atrophy in the calf. She has pain on stairs and squatting. Knee, hip and ankle motion are intact. She has some weakness in ankle dorsiflexion and plantarflexion. There was initially pain over the evertors. She has not been able to resume her work. A diagnosis has not been established. The initial diagnoses were contusions and sprains.

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

First, no definite diagnosis has been made. The Reviewer is not clear if she wore flats or heels at the time of the injury. The sudden stretch may have caused a muscle tear or strain described as pain along the evertors. This suggests that the forces stretched or tore the peronei brevis, longus or tertius. These would give instability especially on stairs or uneven ground or squatting. An MRI or musculoskeletal ultrasound may show the injury. Dr. said she felt the problem is now between her hip and her calf.

She had 19 sessions of Physical therapy with minimal gains. Acute therapy targets pain control and edema. Late therapy works on strength and mobility. These do overlap. She has no edema. Strength and joint motion are present. The Reviewer is not clear what the purpose of the additional therapy would be beyond the self directed program.

The ODG for physical therapy of the leg follows. The emphasis is mine. The strains show limited need for prolonged therapies. The therapy management described for tibialis tendinitis is for 9 sessions. More is allowed for gait abnormality based upon the diagnosis. No diagnosis has yet been established.

(Emphasis is mine)

Recommended. Positive limited evidence. As with any treatment, **if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated.** See also specific modalities. ([Philadelphia, 2001](#)) **Acute muscle strains often benefit from daily treatment over a short period, whereas chronic injuries are usually addressed less frequently over an extended period.** It is important for the physical therapist to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). ...

...**Supervised therapeutic exercise improves outcomes in patients who have osteoarthritis or claudication of the knee. Compared with home exercise, supervised therapeutic exercise has been shown to improve walking speed and distance.** ([Rand, 2007](#)) A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion. The physical therapy visit may also include advice regarding assistive devices for ambulation. ([Zhang, 2008](#)) See also specific physical therapy modalities by name, as well as [Exercise](#).

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...

Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):

9 visits over 8 weeks...

Abnormality of gait (ICD9 781.2):  
16-52 visits over 8-16 weeks (Depends on source of problem)...

**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)