

Notice of Independent Review Decision

DATE OF REVIEW:

09/25/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Denial of 34 physical therapy visits over 11 weeks.

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

Board Certified Chiropractor

REVIEW OUTCOME

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

The medical necessity for the course of 34 physical therapy visits is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 09/15/08 MCMC Referral
- 09/15/08 Notice to Utilization Review Agent Of Assignment
- 09/15/08 Notice To MCMC, LLC Of Case Assignment
- 09/15/08 letter from DC, Therapy Center
- 09/12/08 letter
- 09/12/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 09/11/08 Reconsideration/Appeal of Adverse Determination letteri
- 09/11/08 Request For A Review By An Independent Review Organization
- 09/03/08 Utilization Review Determination letter
- 08/27/08, 07/21/08, 06/23/08, 06/02/08 office notes, M.D.
- 08/19/08 Operative Report, Dr. Hospital
- 05/23/08 MRI left ankle, Medical Imaging
- 05/20/08 Lower Extremity Examination, Therapy Center
- 05/20/08 letter from Dr. Therapy
- 05/20/08 Therapy exam note
- Undated letter from , Client Relations Specialist, MCMC
- Undated information entitled, "Procedure Summary – Ankle & Foot"
- Undated ODG Physical Therapy Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a male who was allegedly injured during the course of his normal employment on xx/xx/xx. The history reveals that he was walking backwards down some stairs while carrying a trash can and inverted his ankle. He was diagnosed with an osteochondral lesion of the left talus. Arthroscopy was performed on 08/19/2008. The attending provider (AP) is requesting post surgical therapy of 34 physical therapy visits to rehabilitate the injury post surgically.

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

The documentation fails to establish the medical necessity for the application of the requested course of 34 physical therapy visits. It should be noted that the requested course of care in frequency and duration would be consistent with the guidelines of the Official Disability Guidelines for the condition of record. However the ODG Preface in regards to the application of physical therapy in general suggests that a six visit trial of care be established to test its efficacy prior to the approval of such a course of care. It would not be reasonable to administer 34 visits of physical therapy simply because that is what the ODG allows. This would be especially true if the course of care was proving not to be efficacious or if there was equivocal demonstrated therapeutic benefit. Moreover, the documentation is devoid of an intake examination to establish a baseline of data from which to later compare for outcome measures. Given the lack of a clinical trial consistent with ODG guidelines and given the fact that the documentation is devoid of starting clinical objective data, the requested course of physical therapy is not certified as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**