

Notice of Independent Review Decision

DATE OF REVIEW:

08/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twelve sessions of additional physical therapy - aquatic (97112, 97140, G0283, 97035).

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 requested course of twelve sessions of additional physical therapy - aquatic (97112, 97140, G0283, 97035) is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a xx year old female who was allegedly involved in an occupational incident that reportedly occurred on or about xx/xx/xx. The history reveals that she incurred a roll-over type ankle injury after stepping on a rock while during the normal course of her employment. A CT scan was performed on 04/17/2009 which indicated the presence of an avulsion type fracture. MRI examination was within normal limits according to the documentation. Prior to this request, the records indicate that the injured individual had previously participated in six to twelve sessions of therapy.

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 requested course of physical therapy (PT). Specifically, the documentation establishes that the injured individual has participation in a previous course of between six and twelve sessions of physical therapy. However the previous course of physical therapy is not well documented and there is no demonstration of significant and progressive therapeutic benefit in response to the previously attended course of PT. Objective findings remain near constant throughout the course of care. AROM measurements were the same from visits to visit. Moreover, the documentation indicates that the injured individual reported an exacerbation or re-injury of the condition of record. However there is little to no examination

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 34 visits over 16 weeks

documentation that demonstrates or outlines the reported exacerbation.

Based on the Official Disability Guideline (ODG), the request for the additional twelve sessions would exceed the guidelines in both number of visits and duration of care.

Official Disability Guideline:

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.

Ankle/foot Sprain (ICD9 845):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 34 visits over 16 weeks

Enthesopathy of ankle and tarsus (ICD9 726.7):
Medical treatment: 9 visits over 8 weeks
Post-surgical treatment: 9 visits over 8 weeks

Achilles bursitis or tendonitis (ICD9 726.71):
Medical treatment: 9 visits over 5 weeks
Achilles tendon rupture (727.67):
Post-surgical treatment: 48 visits over 16 weeks

Hallux valgus (ICD9 735.0):
Medical treatment: 9 visits over 8 weeks
Post-surgical treatment: 9 visits over 8 weeks

Hallux varus (ICD9 735.1):
Medical treatment: 9 visits over 8 weeks
Post-surgical treatment: 9 visits over 8 weeks

Hallux rigidus (ICD9 735.2):
Medical treatment: 9 visits over 8 weeks
Post-surgical treatment: 9 visits over 8 weeks

Other hammer toe (ICD9 735.4):
Medical treatment: 9 visits over 8 weeks
Post-surgical treatment: 9 visits over 8 weeks

Plantar Fasciitis (ICD9 728.71):
6 visits over 4 weeks

Fracture of tibia and fibula (ICD9 823)
Medical treatment: 30 visits over 12 weeks
Post-surgical treatment (ORIF): 30 visits over 12 weeks

Fracture of ankle (ICD9 824):
Medical treatment: 12 visits over 12 weeks
Post-surgical treatment: 21 visits over 16 weeks

Fracture of ankle, Bimalleolar (ICD9 824.4):
Medical treatment: 12 visits over 12 weeks
Post-surgical treatment (ORIF): 21 visits over 16 weeks
Post-surgical treatment (arthrodesis): 21 visits over 16 weeks

Fracture of ankle, Trimalleolar (ICD9 824.6):
Medical treatment: 12 visits over 12 weeks
Post-surgical treatment: 21 visits over 16 weeks

Metatarsal stress fracture (ICD9 825):
Medical treatment: 12 visits over 12 weeks
Post-surgical treatment: 21 visits over 16 weeks

Fracture of one or more phalanges of foot (ICD9 826):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 12 visits over 12 weeks

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES