



5068 West Plano Parkway Suite 122
 Plano, Texas 75093
 Phone: (972) 931-5100

DATE OF REVIEW: 08/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Amended IRO-Additional Physical Therapy 3 x 4

Overtured Physical Therapy 3 x 4 for 97116 – Gait Training, 97110 – Therapeutic Exercises, 97535 – Self Care Training and, if medically necessary during a particular treatment session as determined by swelling or spasm arising from the exercise and treatment taking place during that session, up to one unit of 97140 – Manual Therapy (modality application).

Upheld - Physical Therapy 3 x 4 for CPT units as not medically necessary; 97035 – Ultrasound, 97022 – Whirlpool and 97010 – Hot/Cold Packs.

3 x 4

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 Preventive Medicine/Occupational Medicine. The physician advisor has the following additional qualifications, if applicable:

ABMS Preventive Medicine: Occupational Medicine

REVIEW OUTCOME:

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

Partially Overtured

| Health Care Service(s) in Dispute | CPT Codes | Date of Service(s) | Outcome of Independent Review |
|--|---|--------------------|-------------------------------|
| Amended IRO-Additional Physical Therapy 3 x 4 <u>Overtured</u> Physical Therapy 3 x 4 for 97116 – Gait Training, 97110 – Therapeutic Exercises, 97535 – Self Care Training and, if medically necessary during a particular treatment session as determined by swelling or spasm arising | 97010, 97116, 97535, 97022, 97035, 97140, 97110 | - | Partially Overtured |

| | | | |
|---|--|--|--|
| <p>from the exercise and treatment taking place during that session, up to one unit of 97140 – Manual Therapy (modality application).</p> <p><u>Upheld</u> - Physical Therapy 3 x 4 for CPT units as not medically necessary; 97035 – Ultrasound, 97022 – Whirlpool and 97010 – Hot/Cold Packs.</p> <p>3x 4</p> | | | |
|---|--|--|--|

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

| No | Document Type | Provider or Sender | Page Count | Service Start Date | Service End Date |
|----|-----------------------|-------------------------------|------------|--------------------|------------------|
| 1 | Office Visit Report | Family Foot and Ankle Care | 11 | 02/27/2009 | 06/17/2009 |
| 2 | Office Visit Report | Clinic | 5 | 02/23/2009 | 02/27/2009 |
| 3 | Diagnostic Test | Radiologists | 3 | 02/25/2009 | 02/25/2009 |
| 4 | PT Notes | Professional Therapy Services | 10 | 04/20/2009 | 05/21/2009 |
| 5 | Initial Denial Letter | | 7 | 05/29/2009 | 06/22/2009 |
| 6 | IRO Request | Texas Department of Insurance | 12 | 07/27/2009 | 07/27/2009 |
| 7 | IRO Requestor Records | Law Offices of | 242 | 07/29/2009 | 07/29/2009 |
| 8 | IRO Requestor Records | Law Offices of | 241 | 07/29/2009 | 07/29/2009 |
| 9 | Archive | | 177 | 08/07/2009 | 08/07/2009 |
| 10 | Archive | | 177 | 08/07/2009 | 08/07/2009 |
| 11 | Archive | | 177 | 08/07/2009 | 08/07/2009 |
| 12 | IRO Decision | | 7 | | |
| 13 | Invoice | | 1 | | |

PATIENT CLINICAL HISTORY [SUMMARY]:

Ms. is a xx year old injured on, when in the course of her employment, as an , she slipped on a ladder and fell 6 - 7 feet landing on her left foot and ankle. With impact she experienced a "pop" sound/sensation in the ankle. The MRI was significant for a lateral fibular fracture and medial deltoid rupture. She was treated conservatively with immobilization and medication. On 3/30/09, she was instructed in passive range of motion exercises and directed to begin partial weight-bearing (about 30%) with crutches. On 4/20/09, she was instructed to begin full weight-bearing in her fracture boot and was referred for PT 3 x 4. On 5/20/09, she was noted to be making good progress; her doctor transitioned her to an articulated AFO brace to be used with athletic shoes and was referred for an additional four weeks of PT to improve range of motion and muscle tone. On 6/17/09, she was noted to have made the anticipated clinical improvement but reported concern about her inability to propulse effectively during gait due to weakness and some guarding—also she has concern about stability and strength with climbing ladders as well as recurring stooping and squatting as required in performing her duties as an . In the 6/17/09 clinic note, DPM also noted that the PT that had been recommended on 5/20/09 was non-authorized by the carrier utilization review agent Coventry and its physician advisor MD. Because of the strength, stability and endurance requirements of the claimant's essential job requirements, relative to her demonstrated safe capacity to perform such functions, this first

level adverse determination was appealed. The appeal determination by advisor DO DPM was also adverse to the requested further physical therapy, leading to this currently reviewed IRO request.

In the 5/29/09 first level adverse determination report, Dr., the physician adviser, did not find adequate documentation to support the requested additional care. Peer-peer contact with the requester was not established. The adviser cited the ODG-TWC guideline parameter of 12 sessions of PT for medical treatment of an ankle fracture as the basis of this determination, without offering further rationale or discussion. On appeal, Dr. noted that effort to contact the physical therapist was successful; however, the content of this discussion was not mentioned in the appeal report. Dr. non-authorized medical necessity for the requested additional care, citing the ODG guideline language but offering no other reason for this determination in the 6/22/09 report. There was no mention of any rationale in support of the care request that had been proffered in the peer-peer discussion with the PT, the treating physical therapist, nor any additional discussion of Dr. 6/17/09 medical necessity rationale as regards the requested additional therapy.

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

Finding:

- (1) The preface to the ODG-TWC Guidelines explains that in cases that where “treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted.” Dr. 6/17/09 clinical progress note provides clear and convincing medical necessity rationale in support of additional formal physical therapy; documenting Ms. lack of left foot and ankle force, endurance and positional stability necessary to perform critical job functions.
- (2) The original frequency and duration of PT requested, 3 x 4, did not reflect the ODG guidance to fade the frequency of treatments as the course of healing progresses, while increasing reliance on home exercises. However, the IRO request of treatment from 6/22/09 through 8/14/09 includes a six week course of care during which twice weekly formal therapy treatments would be reasonable to address the claimant’s medical needs, while more closely approximating the ODG guidance; therefore, a frequency and duration of 3 X 4 can be authorized as being medically necessary.
- (3) Consistent with the claimant’s clinical progress, as documented by Dr. and Mr. , and as considered within the context of the ODG-TWC Guidelines , the following requested therapeutic units can be authorized as medically necessary; 97116 – Gait Training, 97110 – Therapeutic Exercises, 97535 – Self Care Training and, if medically necessary during a particular treatment session as determined by swelling or spasm arising from the exercise and treatment taking place during that session, up to one unit of 97140 – Manual Therapy (modality application).
- (4) Based on the claimant’s clinical progress as documented by Dr. and Mr. , and as considered within the context of the ODG-TWC Guidelines, the following requested therapeutic units are not medically necessary; 97035 – Ultrasound, 97022 – Whirlpool and 97010 – Hot/Cold Packs.

Recommended. 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

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

Closed dislocation of ankle (ICD9 837):

9 visits over 8 weeks

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

ODG:

Ankle and Foot Chapter

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 08/17/2009.

