



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

DATE OF REVIEW: 8-17-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 6 additional sessions

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

American Board of Podiatric Surgery

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- DC., office visits.
- Chiropractic therapy from 12-27-07 through 1-10-08.
- 1-7-08 MRI of the left foot.
- 1-28-08 Functional Capacity Evaluation.
- 1-15-08 EMG/NCS performed by MD.
- 1-21-08 MD., office visit.
- On 7-16-08 MD., performed a Designated Doctor Evaluation.
- 3-6-09 MRI of the left foot.
- 3-10-09 EMG/NCS was normal (unknown provider).
- Therapeutic exercise under the direction of Dr. on 3-16-09, 3-18-09, 3-23-09, 3-27-09, 4-1-09, 4-13-09.
- DPM., office visit.
- 6-29-09 MD., Utilization Review.
- 7-29-09 DPM., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Medical records reflect the claimant sustained a work injury on xx/xx/xx. On this date, the claimant was putting plastic liners in a 25-yard tank. The claimant jumped into the tank and heard an immediate pop in his left foot. The claimant presented to see Dr. on 10-11-07. The claimant was evaluated and discharged later. The claimant tried to return to work, but could not tolerate the pain. Therefore, the claimant presented to DC., on 12-27-07 for evaluation and treatment. On exam, the claimant ambulates with a limp due to severe left foot pain. On exam, reflexes are +2/2 bilaterally. He is unable to perform toe walk or heel walk on the left side. Motor testing is +4/+5 at L4 through S1 dorsiflexion and extension on the left. Anterior foot drawer sign on the left is positive. The evaluator recommended the claimant start active and passive care. The claimant was referred for an MRI of the left foot. The claimant was taken off work.

Chiropractic therapy from 12-27-07 through 1-10-08.

On 1-7-08, an MRI of the left foot shows evidence of plantar fasciitis of the left foot.

A Functional Capacity Evaluation dated 1-28-08 showed the claimant was functioning at a Sedentary PDL and his job required a Medium-Heavy PDL.

On 1-15-08, an EMG/NCS performed by MD., was normal.

The claimant was evaluated by MD., on 1-21-08 notes the claimant has complaints of pain, which is deep, dull and occasionally sharp and stabbing. On exam, the claimant has tenderness to palpation of the left heel. Sensory and motor exam is intact. Gait is antalgic. Strength is equal. The evaluator recommended the claimant be referred to a podiatrist for proper treatment and evaluation. The claimant was started on Naprosyn and Ultracet tabs. The claimant is to continue with therapy with Dr.

Medical records notes Dr. returned the claimant to work with restrictions. He was referred to a podiatrist and the claimant was continued with physical therapy 3 x 4.

On 7-16-08, MD., performed a Designated Doctor Evaluation to address the extent of injury. It was his opinion that he noted the claimant probably had plantar fasciitis related to the injury in question. He noted that usually plantar fasciitis usually develops more slowly although it can occur suddenly. The claimant does not have neurological symptoms that are typical of tarsal tunnel syndrome and he does have the typical findings of plantar fasciitis of difficulty bearing weight in the morning, which improves with activity and difficulty placing weight on the heel. The evaluator felt that it may be worthwhile to have the claimant see an orthopedic surgeon.

On 2-23-09, Dr. reported requested authorization for physical therapy performed at his office at least 3 times a week for at least one month, for a total of at least 12-15 visits. The claimant was seen on 2-19-09 and provided a diagnosis of Tarsal Tunnel Syndrome and plantar fasciitis of the left foot. The claimant was also given an order to obtain an MRI without contrast of the left foot and ankle.

Follow-up visits with Dr. notes the claimant continues with left knee pain and difficulty walking. On exam, there was severe pain of the left foot. The evaluator recommended physical therapy 2 x week for a month. The claimant is provided with a prescription for Vicodin. The claimant was taken off work.

An MRI of the left foot dated 3-6-09 shows evidence of plantar fasciitis. Trace non-specific ankle effusion. There is thickening and intermediate signal in the superficial ligament, possibly related to old injury. No edematous changes adjacent to the deltoid ligament are seen to suggest acute ligamentous injury.

On 3-10-09, an EMG/NCS was normal (unknown provider).

Therapeutic exercise under the direction of Dr. on 3-16-09, 3-18-09, 3-23-09, 3-27-09, 4-1-09, 4-13-09

On 5-5-09, DPM., provided a letter. The claimant is continuing his care under the provider's supervision. It was his professional opinion that the claimant should continue with physical therapy for up to two months three times a week and the use of anti-inflammatory medication, pain medications as well as little to no weight bearing on his left foot. The claimant is to also wear orthopedic inserts daily. The claimant presented to the office with a chief complain of pain as sharp and feeling of it traveling from his upper leg to his foot. The claimant was examined and had signs of possible nerve entrapment along with plantar fasciitis. If the claimant continues with instructed exercises and therapy manipulations to his foot, the outcome would be very promising. Upon examination, the claimant has signs of pain in the superficial deltoid ligament distribution area. This pain is chronic. Even with the EMG showing no nerve entrapment, it is suggested that nerve entrapments are sometimes not noted on such tests. Neurosensory testing is suggested and is a non-invasive technique for assessing nerve damage changes. On the MRI, it was noted that the superficial deltoid ligament showed signs of thickening and could be related to an old injury as well as trace ankle effusion. It was his professional opinion that this ligament thickening is in direct connection to the injury he sustained at work. And because of this, the thickening is apparent and could cause significant amounts of pain and swelling. The evaluator highly recommended the claimant continue the treatment plan the evaluator suggested.

On 6-26-09, DPM evaluated the claimant. The patient presents to our office for continued left foot pain. The pain is getting progressively worse as time passes. The patient has severe plantar fasciitis on the left. It is his recommendation that the claimant start immediately with physical therapy again. This will help him further along with his progress. The claimant's last physical therapy session in his office was on April 27th, 2009. After this date, HDI was unable to recommend certification for treatment that was requested. Patient then discontinued physical therapy and has been in extreme pain since. The evaluator is requesting authorization to begin physical therapy.

On 6-29-09, MD., provided an adverse UR determination notes denial for the recommendation for addition six requested sessions of physical therapy. The claimant sustained an injury on xx/xx/xx, with diagnoses of left plantar fasciitis with a history of at least 6 recent physical therapy sessions (question of other visits in 2007 or 2008), for the following reasons: the claimant is more than a year and a half post injury. He has had prior physical therapy without clearly documented objective progress. Pain is mentioned as becoming worse and was not documented as improving with recent physical therapy. It is unclear what additional physical therapy would accomplish that is both one and a half year post injury, as well as something that could be accomplished as part of a well designed and focused home exercise program. This is clearly beyond ODG Guidelines. The evaluator performed a Peer to Peer with Dr.

7-29-09 DPM., performed a Utilization Review. A Peer to Peer was performed for appeal 6 additional physical therapy sessions. The evaluator reported that within the

medical documentation it is noted that the claimant was recently seen on 6-26-09. Additionally, there are subjective findings of continued left foot pain and conservative treatment (physical therapy and medications - last session physical therapy session on 4-27-09). However, there is no clear legible documentation of an objective exacerbation or interval injury, functional deficits, functional goals, functional benefit from prior treatment and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Evidence based guidelines criteria necessary to support the medical necessity of the requested 6 additional sessions of physical therapy for the left foot is not provided.

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

BASED ON THE MEDICAL RECORDS PROVIDED, THERE IS NO INDICATION FOR ADDITIONAL PHYSICAL THERAPY IN THIS CASE. THERE IS AN ABSENCE IN DOCUMENTATION NOTING IMPROVEMENT FROM PRIOR THERAPY AND THE GOALS TO ACHIEVE FOR THE RECOMMENDED THERAPY THAT WAS NOT PREVIOUSLY OBTAINED. ADDITIONALLY, THERE IS NO INDICATION THE CLAIMANT IS PERFORMING A HOME EXERCISE PROGRAM. THEREFORE, THE REQUEST FOR PHYSICAL THERAPY IS NOT ESTABLISHED AS MEDICALLY NECESSARY.

ODG-TWC, last update 7-21-09 Occupational Disorders of the Foot – Physical therapy for plantar fasciitis:

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

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)**