

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 3, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed physical therapy 3X3 weeks (97110, 97112, 97035, 97530)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
825.2	97110, 97112, 97035, 97530		Prosp	9					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented begin with a xxxxx progress note from Dr.. There were persistent pain complaints to the left ankle. It was noted that there was a fracture to the head of the first metatarsal. The assessment was left ankle pain and an MRI was sought.

This October 1, 2009 study noted an osteochondral defect to the talar dome and changes consistent with a chronic ankle sprain with a corticated ossific fragment in the anterolateral gutter.

PT noted a 4 foot fall at work resulting in a left ankle injury. It was noted that physical therapy dated back to August 2009. Limited range of motion was reported on physical examination.

A request for additional physical therapy for a left foot injury. It was determined that this was not medically necessary. The injured employee had a four month history of a sprained ankle and had completed 12 sessions of physical therapy. The response to this therapy was noted to be "marginal." Dr. did not certify this request. Reconsideration was completed by Dr. who also declined to endorse this intervention.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines an ankle sprain would be afforded up to 9 sessions of physical therapy. The metatarsal fracture, up to 12 sessions of physical therapy. Each of those has been accomplished. While noting that these are merely guides, there are no findings identified in the progress notes to support that any additional physical therapy should be undertaken. At this point all that is warranted is improvement of the range of motion and this can be accomplished with a home-based, self-directed exercise program emphasizing overall ankle range of motion, physical conditioning and fitness. Further, noting the treatment plan parameters, this should have resolved within 49 days and the progress notes do not reflect any acute lesion that would interfere with that goal. Thus, given the diagnosis objectified, the treatment rendered and the lack of specific competent, objective and independently confirmable medical evidence presented by the requesting provider, there is no indication for additional physical therapy at this time.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES