

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 6/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy (12 sessions)

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from and completed training in Physical Med & Rehab at A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in

part) Physical therapy (12 sessions) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who presented with bilateral ankle sprains, left greater than right. An MRI of the left ankle showed subcutaneous edema as well as prominent varicose veins in the tarsal tunnel. An MRI of the right ankle showed a small lateral talar dome osteochondral lesion. He has been undergoing physical therapy.

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

The injured employee is a male who presented with bilateral ankle sprains, left greater than right suffered on xx-xx-xx. An MRI of the left ankle showed subcutaneous edema as well as prominent varicose veins in the tarsal tunnel. An MRI of the right ankle showed a small lateral talar dome osteochondral lesion and peroneus brevis tendinosis or limited intra-substance tearing. MRI left ankle showed medial subcutaneous edema, prominent varicose veins in the tarsal tunnel, without evidence of muscle edema to suggest tarsal tunnel syndrome, and limited intra-substance tearing or tendinosis of the peroneus brevis tendon. He has been treated with physical therapy having 18 visits from 9/2008-10/2008 for the bilateral ankles. A new request for 12 visits of PT for bilateral ankles has been submitted and is under IRO. Office note 5/7/2009 reveals normal neuro examination and muscle strength of both feet and ankles, tender to palpation noted. According to the therapy notes and physician notes no significant change in the patient's status has been.

Based on the fact that the patient's overall status has not changed significantly after 18 sessions of PT to date and that ODG recommends no more than 9-12 visits of PT for medical treatment of ankle injuries it is not recommended that the patient continue with additional therapy. Per ODG, PT goals should include strength, flexibility, endurance, coordination, and education. ODG PT preface notes that PT should be discontinued if there is evidence that the patient is not progressing or has plateaued. It appears from the records that the patient's status has become static. At this point, continuation of a home exercise program would be indicated per ODG recommendations since the patient has had an adequate course of PT to date. Additional PT is not medically indicated. Recommendation is the previous denials are upheld.

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

X 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)