US Decisions Inc.

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DATE OF REVIEW:
Jun/29/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Initial Physical Therapy Right Calf 3xwk x 2wks, Up to 4 units per session (97110); Manual Therapy Right Calf 3xwk x 2wks, Up to 4 units per session (97140); Neuromuscular Reeducation Right Calf 3xwk x 2wks, up to 4 units per session (97112)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Determination Letters, 05/18/09 and 06/01/09
Employers First Report of Injury: xx-xx-xx
Associate Statement, Workers Compensation: 03/31/09
Workers Compensation Request for Medical Care: 04/02/09
Request for Leave of Absence: 04/20/09
Fax Sheet: 05/13/09 and 05/22/09
Patient Information Sheet
Independent Review Summary: 06/12/09
Emergency Department Record: 03/31/09
Consult, Dr: 03/31/09
Consult Dr.: 03/31/09
Doppler Report: 03/31/09
Consult Dr.: 04/02/09
Ultrasound Report: 04/02/09
Operative Report: 04/03/09
Utilization Review: 04/08/09
Note, Occupational Medicine: 05/08/09, 05/11/09 and 05/20/09
Prescription: 05/11/09 and 06/02/09
Therapy Note: 05/13/09 and 06/05/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who struck his right lower leg against a metal shelf on xx-xx-xx. That night the claimant developed increased swelling and bruising in the leg with difficulty walking. He presented to the emergency department. The claimant has a history of three prior deep vein thromboses, diabetes, three myocardial infarctions, gout and was on Coumadin. Physical examination in the emergency department demonstrated moderate tenderness, swelling, ecchymosis, several clear fluid filled bullae and calf tenderness. A Doppler study was indeterminate for mid calf thrombosis. The claimant was admitted and treated with antibiotics. Ultrasound evaluation on 04/02/09 noted a large soft tissue hematoma. The claimant underwent evacuation of the hematoma on 04/03/09 with 200 milliliters of formed clot obtained. Intraoperative cultures were positive for streptococcus. A therapy evaluation on 04/07/09 indicated the claimant required assistance with transitions and ambulation with a walker. The claimant was discharged on 04/08/09 with notation he would obtain a walker and utilize home care for wound management. The claimant followed with occupational medicine with notation of increased swelling since discharge with limited weight bearing and a gout attack since 05/01/09 that required steroids. The right leg continued to be warm and swollen with areas of numbness. The claimant continued to require a walker and returned to light duty work on 05/12/09 utilizing a wheel chair. Physical therapy evaluation on 05/13/09 noted decreased ankle motion with weakness, antalgic gait and 3+ edema to the bilateral feet. Further therapy sessions were denied. On 05/20/09 notation was made of right calf atrophy, limping gait and decreased strength. Physical therapy was again recommenced to increase gait and strength. Therapy was again denied with notation the claimant's condition was related to comorbid conditions rather than injury. A therapy evaluation on 06/05/09 indicated the claimant could only stand about 15 minutes before having leg and ankle swelling; had to use a wheelchair at work; had decreased motion and strength; was unable to do a single leg stance on the right; had decreased tactile sensation along the medial calf; and had 3+ pitting edema. Physical therapy continued to be recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The records make a case that the requested therapy is reasonable and medically necessary in this setting. Records indicate this individual has a number of comorbid conditions that have been referenced by previous reviewers and/or by his treating physicians. He was struck in the leg following which he developed a hematoma that required evacuation. The short course of therapy that was requested (six visits) would appear to be reasonable and consistent with the evidence based guidelines that would allow a sufficient number of therapy sessions to be done in a fading fashion following surgery of the lower extremity. The reviewer finds that medical necessity exists for Initial Physical Therapy Right Calf 3xwk x 2wks, Up to 4 units per session (97110); Manual Therapy Right Calf 3xwk x 2wks, Up to 4 units per session (97140); Neuromuscular Reeducation Right Calf 3xwk x 2wks, up to 4 units per session (97112).

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

[ ] ACOEM-AMERICA 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

[X] 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)