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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy x 12 sessions over 4 weeks for the right ankle including 97010, 97014, 97035, 97124, 97140, 97110, 97530, 97116 and 97113

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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Office note, Dr., 9/10/09

PT evaluation, 9/15/09

Peer review, 9/18/09, 09/24/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male, who sustained a twisting type injury to his right ankle on xx/xx/xx. The records indicated he underwent right ankle arthroscopy on 12/08/08. The claimant continued with complaints of right ankle pain, stiffness and episodes of locking with swelling by day's end. The impression was a right calcaneofibular sprain. Physical therapy was prescribed. An initial therapy evaluation on 09/15/09 noted severely limited function and range of motion in the right ankle with a limping gait and difficulty with stairs. Reportedly, x-rays on 07/23/09 noted a flattening of the body of the talus and slight degenerative changes over the posterior aspect of the subtalar joint and talonavicular joint. MRI on 08/20/09, reportedly noted evidence of ligamentous injury and a large osteochondral dome lesion over the lateral aspect of ankle, chondral fissuring over the tibial plafond and possible collapse over the talus. Twelve sessions of therapy to include passive modalities with hot/cold packs, electrical stimulation, ultrasound and massage along with therapeutic exercise, manual therapy and aquatic therapy were recommended.

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

It is important to note that over a year has passed since this injury and that 10 months have passed since the arthroscopic procedure. Ultrasound, transcutaneous electrical neural stimulation and massage would not be recommended under the ODG. As such I would not be able to recommend in total the proposed therapy intervention. The request does not conform to the ODG. The reviewer finds that medical necessity does not exist for Physical Therapy x 12 sessions over 4 weeks for the right ankle including 97010, 97014, 97035, 97124, 97140, 97110, 97530, 97116 and 97113.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates, Foot and Ankle

Ankle/foot Sprain (ICD9 845)

Medical treatment: 9 visits over 8 weeks

Massage: Not recommended

Therapeutic exercise: Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be taught to do early passive range-of-motion exercises at home by a physical therapist

Ultrasound, therapeutic: Not recommended

Transcutaneous electrical neurostimulation: Not recommended

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

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)