



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 10-12-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 3 x 4, 97010, 97014, 97035, 97110, 97140, 97124, 97116, and 97113

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

American Board of Orthopaedic Surgery-Board Certified

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

- 8-6-09 MD., office visit.
- 8-13-09 Physical therapy evaluation.
- 8-27-09 MD., office visit.
- 9-4-09 MD., performed a Utilization Review.
- Undated - Utilization review performed by DC.,

PATIENT CLINICAL HISTORY [SUMMARY]:

On 8-6-09, MD., notes the claimant complains of right ankle pain. The claimant has a history of ligamentous repair of the right ankle. The claimant had a successful repair of the loose lateral ankle ligaments and her anterior drawer has been eliminated. Problem has been since she had the surgery claimant developed significant peroneal spasms, which at this time are not present. The evaluator noted the claimant has a difficult problem. He did not have a good explanation as to why she has developed significant peroneal spasms. The evaluator recommended physical therapy and modalities.

Physical therapy evaluation dated 8-13-09 notes the claimant is a patient who is status post right ankle Brostrom procedure for the repair of talofibular ligament, was initially evaluated for physical therapy 3-3-09. The claimant was placed in a hard cast for 3 weeks on 7-16-09, and then placed in fracture walking boot. The claimant has had approximately four-months of physical therapy treatments. Last physical therapy visit was 7-15-09. She had a followup visit with their Physician 8-6-09 and had additional PT treatments ordered (new prescription). The patient returns today for a 30-day physical therapy re-evaluation and modification of plan of care. The claimant complains of tingling of the forefoot, a chilling sensation of the lateral and anterior lower leg, restricted motion and also difficulty walking. The evaluator noted the claimant has done well with the physical therapy treatments thus far. The claimant seems to be doing well and making progress toward initially documented PT Goals. The claimant is making progress and has tolerated treatments well. The evaluator reported that the claimant

would continue with physical therapy treatments as outlined on the original POC. It is recommended that we continue with the PT treatments 2-3 times per week for 4 weeks. We will reassess claimant's progress in 30 days or as needed based on the claimant's progress. Treatment will consist of, but no limited to moist heat, Ice Application, Ultrasound Electrical Stimulation, Joint Mobilization Techniques, Manual Therapy Techniques, Massage, Therapeutic Exercises, Therapeutic Activities, Gait Training Activities and Aquatic Exercises

Followup with Dr. dated 8-27-09 notes the claimant has had significant peroneal spasms and has not been able to get over that. This has been a significant drawback in her recovery. On exam, the claimant has very painful subtalar motion. MRI did not reveal as to why this might be. The claimant has failed immobilization for the peroneal spasms. Therefore, the evaluator felt she needs physical therapy. The claimant is not able to work in the meanwhile.

On 9-4-09, MD., performed a Utilization Review. He recommended adverse determination. This claimant has had a suboptimal outcome from the surgical repair to his ankle. She has had an ample course of postoperative PT and still has rather significant deficits in function. Given the amount of physical therapy she has had, it is not likely that additional PT would benefit this patient. This request is outside of ODG.

Undated - Utilization review performed by DC., notes the claimant is a female who was status post Brostrom procedure of the right ankle on 1-16-09. Reportedly, the claimant had undergone 4 months of physical therapy, was casted at some point in her recovery and was now in a walking boot. On 8-27-09, Dr. noted that the claimant had very painful subtalar motion. Dr. noted that the MRI failed to reveal a reason for the continued pain complaints. The request is now for PT 3 x 4 weeks. The evaluator noted that attempts at peer contact were not successful. This claimant is xx months status post right Brostrom procedure with persistent pain. There was no recent exam noting function or range of motion. The claimant has been treated with four months of physical therapy. This claimant should be well versed in a home exercise program. There is no documentation within these records to indicate that the claimant is not able to perform her home exercise program. The additional therapy cannot be supported by these medical records. Recommend adverse determination.

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

MEDICAL RECORDS REFLECT A CLAIMANT WITH A HISTORY OF LIGAMENTOUS REPAIR OF THE RIGHT ANKLE. THE CLAIMANT IS NOTED TO HAVE A SUCCESSFUL REPAIR OF THE LOOSE LATERAL ANKLE LIGAMENTS AND HER ANTERIOR DRAWER SIGN HAS BEEN ELIMINATED. IT IS NOTED THE CLAIMANT HAS UNDERGONE 4 MONTHS OF PHYSICAL THERAPY. THE TREATING PROVIDER NOTES THE CLAIMANT DEVELOPED PERONEAL SPASMS WITHOUT OBJECTIVE DIAGNOSTIC EVIDENCE AS TO THE CAUSE. BASED ON THE MEDICAL RECORDS PROVIDED, ONGOING OR CONTINUED PHYSICAL THERAPY

WOULD NOT BE APPROPRIATE IN ACCORDANCE TO CURRENT TREATMENT GUIDELINES. THERE IS NO INDICATION THE CLAIMANT CANNOT PERFORM A DAILY HOME EXERCISE PROGRAM FOR HER ONGOING SYMPTOMATOLOGY. THEREFORE, THE REQUESTED PHYSICAL THERAPY IS NOT CERTIFIED.

ODG-TWC, last update 10-12-09 Occupational Disorders of the Foot and Ankle – Physical therapy :

Enthesopathy of ankle and tarsus (ICD9 726.7):

Post-surgical treatment: 9 visits over 8 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)**