

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 29, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed physical therapy for right foot 3X4 weeks (97010, 97014, 97035, 97124, 97140, 97530, 97116, 97113)

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 Physical medicine and Rehabilitation, 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
719.47	97113, 97116, 97530, 97140, 97124, 97035, 97014, 97010		Prosp	12					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-14 pages

Respondent records- a total of 34 pages of records received to include but not limited to: letters 9.10.09, 8.14.09, 8.21.09; Request for an IRO forms; TDI letter 9.9.09; report 8.19.09, 9.12.09; Orthopedics notes 7.28.09-8.10.09

Requestor records- a total of 5 pages of records received to include but not limited to: Orthopedics notes 7.15.09, 7.28.09, 9.14.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury is noted as xx/xx/xx. The injured employee noted a right ankle injury in the form of a bimalleolar fracture. An ORIF was completed. By mid-June 2009 range of motion was noted a 0 of dorsiflexion, 25 of plantar flexion, 20 of inversion and 5 of eversion. Strength was listed as 3/5.

A post-operative follow-up visit was completed by, DPM on July 28, 2009. The injured employee was xxxx months out from the surgical repair. There was some residual stiffness. Dr. noted that there was a return to work option presented by the employer. On physical examination, there was no distress, the patient was neurovascularly intact and there was no pain to palpation. A prescription for physical therapy was given and a return to work without restrictions as of August 17, 2009 was noted.

Also on July 28, 2009 a physical therapy request for TENs unit, strengthening, stretching, iontophoresis was made. This was after the initial physical therapy assessment was completed 14 weeks after the date of surgery by PT.

In August 2009, a request was made for an additional 12 sessions of physical therapy. Dr. non-certified this request noting that four of the codes were not recommended and the remainder of the codes were not medically necessary.

A reconsideration was filed and Dr. (DPM) indicated that the 12 sessions were not indicated but that a stretching program was recommended.

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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines physical therapy is "Recommended." Exercise program goals should include strength, flexibility, endurance, coordination and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. See also specific physical therapy modalities by name. ([Colorado, 2001](#)) ([Aldridge, 2004](#)) This RCT supports early motion (progressing to full weightbearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and non-surgically treated patients with Achilles tendon ruptures. ([Twaddle, 2007](#))

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.

Fracture of ankle, Bimalleolar (ICD9 824.4): Post-surgical treatment (ORIF): 21 visits over 16 weeks

The issue here is that the extent of the physical therapy protocol outlined by the therapist includes modalities that are not required. TENS unit, and the like are not supported by evidence based medicine standards. The physical examination reported by Dr. would not support the need for all of these modalities. Therefore, this denial is upheld.

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