

Notice of Independent Review Decision

DATE OF REVIEW: 9/8/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3xWkx6Wks left ankle

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Texas Medical School and completed training in Orthopaedics at Brooke Army Medical Center. 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 Orthopaedics since 2007.

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)

Physical Therapy 3xWkx6Wks left ankle Overturned

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who presents with fracture of the ankle and pain in the joint involving the ankle. The injured employee has complains of pain in the medial and lateral area of the left ankle. Pain is reported to be daily and is made worse with prolonged standing and walking on the left ankle. The provider is recommending 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 whose date of injury is xx/xx/xx. The injured employee reportedly sustained a fall resulting injury of the left ankle. The injured employee underwent emergency reduction and internal fixation of the left talar on xx/xx/xxxx followed by ORIF of the left wrist with radial debridement. The injured employee underwent aspiration of the left ankle on 09/24/2007 and an ankle fusion with retrograde nail in February 2009. The initial request for physical therapy 3 times a week for 6 weeks was denied by DO on 06/22/2009. Dr. opined that there was minimal information submitted to support the case overall and noted that the injured employee had undergone surgery in 02/2009 but was not afforded information regarding the amount of post-operative therapy to date. An appeal was denied on 07/10/2009 by MD. Dr. opined that he spoke with a physician assistant who was unable to describe the amount of physical therapy to date or any functional deficits the injured employee may currently have. The clinical note dated 03/2009 indicates the injured employee underwent an ankle fusion with retrograde nailing of the subtalar joint. On follow up the injured employee underwent radiographs which showed maintenance of the subtalar and ankle joint; however, it was difficult to determine the fusion status. The injured employee was recommended for CT scan. On 05/18/2009 the reported case CT was performed which showed good cross sectional areas of healing of the ankle joint and the injured employee was recommended for gait training for full weight bearing as tolerated. The physical therapy evaluation was dated 06/04/2009. A request was placed and apparently the initial request was denied as of 06/22/2009. The notes clearly show the injured employee did not undergo any post-operative physical therapy given the initial physical therapy evaluation was 06/04/2009 and the initial denial was 06/22/2009. Physical examination revealed the injured employee had diminished range of motion and grossly diminished strength of the left ankle, there was increased inflammation and pain with range of motion. The injured employee was able to ambulate with a cane; however, was not tolerating unassisted gait.

The prior reviewers indicated that they had insufficient clinical information regarding the amount of physical therapy post-operatively as well as functional deficits. The documentation submitted clearly shows the injured employee had undergone physical therapy evaluation only and had substantial functional deficits with regard to range of motion, weakness, and hardware implant secondary to ankle fusion. The injured employee is a candidate for physical therapy. The Official Disability Guidelines do not specifically address post ankle fusion physical therapy; however, under fracture (bimalleolar and trimalleolar) of the ankle, post surgery, 21 visits over 16 weeks are authorized and as such, 18 sessions of physical therapy requested are considered medically reasonable and necessary to restore the function and reduce deficits and increase the injured employee's overall abilities to return to normal occupational status. Thus, the determination is to overturn the previous denial.

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)