

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 8/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Physical Therapy

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

Outpatient Physical Therapy Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Review of case assignment by, dated 7/22/2010
2. IRO request form by author unknown dated 7/22/2010
3. Request for a review by author unknown dated 7/21/2010
4. Letter by, LVN dated 7/6/2010
5. Letter by, LVN dated 6/28/2010
6. Letter by, dated 7/27/2010
7. Letter by, dated 7/6/2010
8. Letter by, dated 6/28/2010
9. Physical therapy reevaluation by, dated 6/18/2010
10. Progress note by Author unknown, dated 6/15/2010
11. Discharge instruction by Author unknown, dated 6/15/2010
12. Physical therapy reevaluation by, dated 5/21/2010
13. Physical therapy progress note by, dated 5/12/2010
14. Physical therapy progress note by, dated 4/30/2010
15. Physical therapy initial evaluation by, dated 4/21/2010
16. Right ankle by, dated 3/23/2010
17. Job description by Author unknown, dated 3/15/2010
18. Letter of medical necessity by, dated 3/5/2010
19. Operative report by Author unknown, dated 2/26/2010 and 3/5/2010
20. Right ankle by MD, dated 2/24/2010
21. Functional capacity evaluation by, dated 2/24/2010
22. Clinical note by Author unknown, dated unknown
23. Functional capacity evaluation by, dated unknown
24. Treatment history by Author unknown, dated unknown
25. Ankle and foot dated unknown
26. Clinical note dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who sustained a bimalleolar ankle fracture on xx/xx/xx. He underwent a closed reduction and splinting on 2/26/10 to allow swelling to subside and for injured employee's skin to be safe for surgery. He underwent open reduction and internal fixation on 3/5/10. He had been approved for 21 visits of PT after surgery.

A 6/18/10 report stated 50% improvement in injured employee; he was participating in a home exercise program and using a boot. He was referred for additional therapy due to reported decreased mobility with dorsiflexion and decreased strength and function.

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

The injured employee is a male who underwent an uncomplicated ORIF of a bimalleolar ankle fracture.

ODG criteria state:

Fracture of ankle (ICD9 824):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

There are PT notes provided for review. There is a handwritten note with illegible signature from 6/5/2010 stating patient has developed some traumatic ankle OA. There is no radiographic support of this or no documented clinical exam to support this diagnosis. The injured employee was documented to be still using a boot and with decreased ROM, no objective numbers provided. He was to RTC in 3 months after more PT.

The injured employee has had an adequate number of PT sessions per ODG criteria. He should be capable of a HEP to continue to improve. The PT note from 6/18 indicates therapeutic exercises were completed. There is no documentation these exercises cannot be completed at home.

The clinic note from 6/5 presents no objective criteria for more PT. The injured employee is only taking NSAID's.

The references below support recovery in 3 months and return to ADL:'s after ankle fracture.

Overall, the injured employee has had an adequate number of PT sessions to improve from his surgery. The PT may have been slow to progress the injured employee. The injured employee should be capable of a HEP to continue to improve. In addition, the injured employee must be doing okay if MD waits 3 more months to check on injured employee.

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)

ODG -TWC: ODG Treatment - Integrated Treatment/Disability Duration Guidelines - Ankle & Foot (Acute & Chronic)

Egol KA, Sheikhzadeh A, Koval KJ. Department of Orthopaedic Surgery, NYU-Hospital for Joint Diseases, New York, New York 10003, USA. ljegol@worldnet.att.net. Braking function after complex lower extremity trauma. J Trauma. 2008 Dec; 65(6): 1435-8.

Nilsson GM, Jonsson K, Ekdahl CS, Eneroth M. Department of Health Sciences, Division of Physical Therapy, Lund University, Lund, Sweden. gertrud.nilsson@med.lu.se. Effects of a training program after surgically treated ankle fracture: a prospective randomized controlled trial. BMC Musculoskelet Disord. 2009 Sep 25; 10:118.

Egol KA, Sheikhzadeh A, Mogatederi S, Barnett A, Koval KJ. Department of Orthopaedic Surgery, New York University-Hospital for Joint Diseases, New York 10003, USA. ljegol@worldnet.att.net. Lower-extremity function for driving an automobile after operative treatment of ankle fracture. J Bone Joint Surg Am. 2003 Jul; 85-A(7): 1185-9.