

# Wren Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/07/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

PT 3 x 3 left ankle/foot

**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**

4/13/10, 09/21/10, 10/19/10 office notes

04/16/10 left ankle x-ray report

04/16/10 CT hip report

Office notes of Dr. 04/16/10, 07/23/10

Office note of Dr. 09/10/10

05/03/10 to 05/19/10 physical therapy notes

Office note of Dr. 06/16/10

10/01/10, 06/06/10 peer reviews

Official Disability Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male who slipped and fell on xx/xx/xx. The 04/06/10 left ankle x-rays showed diffuse induration and soft tissue edema about the distal leg, ankle, and foot. No acute fracture or destructive lesion was identified. It was noted that there were dense calcifications or possibly heterotopic ossification that superimposed the pathway of the Achilles tendon and may be present in the peritendinous soft tissues or the Achilles tendon itself. These may be on a chronic posttraumatic basis. Inter-tarsal osteoarthritis and heel spurs were reported. On 07/23/10, it was noted that the claimant had completed 12 physical therapy visits with good symptomatic relief. The claimant was still using a CAM walker for the left lower extremity. Dr. evaluated the claimant on 09/10/10 for complaints of swelling and soreness. Examination revealed mild swelling and tenderness diffusely about the hamstring and more so near the Achilles/gastrocnemius junction. Dr. stated there was nothing else to recommended other than physical therapy. On 10/19/10, the claimant was examined. Strength of the left ankle was 4/5. Physical therapy was recommended.

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

Physical therapy three times a week for three weeks for the left ankle/foot is not medically necessary based on the records provided in this case. ODG Guidelines allow up to nine visits for the diagnosis of ankle foot sprain, Achilles bursitis or tendonitis. In this case the claimant has completed twelve visits of physical therapy already and at this point the ODG would recommend a home exercise program. Therefore based on the ODG Guidelines additional physical therapy PT 3 x 3 left ankle/foot would not be considered medically necessary in this case.

**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)