

SENT VIA EMAIL OR FAX ON  
Jan/07/2010

## True Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (214) 717-4260  
Fax: (214) 276-1904  
Email: rm@trueresolutionsinc.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/06/2010

**IRO CASE #:**

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

Physical Therapy 3 x wk x 3 wks

**EMG/NCV LE**

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

**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**

Denial Letters 12/2/09 and 12/18/09

Dr. 9/17/09 thru 12/22/09

MRIs 10/24/08 and 9/23/09

**PATIENT CLINICAL HISTORY SUMMARY**

This man reportedly injured his right ankle on xx/xx/xx. He had an MRI in 2008 that showed an osteochondral fracture of the talar dome. Subsequent MRI in 9/09 showed no fracture. He reportedly had 15 sessions of PT. The 10/27/09 by Dr. described increased pain with PT. Dr. wrote that he has a diagnosis of an ankle sprain and mononeuritis.

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

The reviewer is not sure what Dr. is planning as he wrote PT made the ankle pain worse. The ODG describes reducing the formal therapy. Ankle sprains are only approved for 9 sessions of therapy. He had this in the past. Ankle fractures also are approved for 12 sessions. He already had 15. At this point in time, there is no

justification for further physical therapy in the absence of other treatments.

### ODG Physical therapy (PT)

**The second request is for an emg to evaluate the mononeuritis following the osteochondral fracture and sprain. The description of the pain is vague other than it goes to the hip and leg. The reviewer could not determine if the complaint is along the superficial peroneal distribution, posterior tibial, sural or saphenous. There care reported peripheral nerve compressions of the posterior tibial and its branches at the flexor retinaculum (tarsal tunnel) and the superficial peroneal at the dorsal retinaculum. The saphenous compression is generally compromised at or above the knee. These are not discussed in the ODG. The prior reviewers relied on the radiculopathy section, which was not applicable to the possible local nerve injury. The electrodiagnostic studies would be appropriate, especially sensory studies, to evaluate the nerve if there was a description of how the nerve pain location and which nerve is suspected of being compromised and a neurological examination especially of the sensory nerve distribution. The review of systems consistently states no tingling. Without this, the reviewer cannot justify the electrodiagnostic studies as being medically necessary.**

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)