MEDRx

791 Highway 77 North, Suite 501C-316 Waxahachie, TX 75165
Ph 972-825-7231 Fax 975-775-8114

Notice of Independent Review Decision

DATE OF REVIEW: 07/09/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of a physical therapy 3 x Wk x 2 Wks (6 sessions).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years actively.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a physical therapy 3 x Wk x 2 Wks (6 sessions).

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
The patient Services, and Medical Center

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Services: Nova Pre-auth Request Forms – 3/30/10-5/7/10, Easy

Script – 3/24/10-5/7/10, Follow-up Eval Notes – 3/24/10-5/16/10, PT Eval Notes – 3/26/10, PT Daily Notes – 3/26/10-5/5/10, PT Re-Eval Notes – 4/9/10-4/26/10, Specialist Referral Slip – 5/18/10; Functional Restoration Services of Texas FCE report – 6/1/10; Assoc. Follow-up Eval note – 3/23/10.
Records reviewed from Medical Center: Initial Eval report – 1/15/10, Follow-up Eval Notes – 1/19/10-6/23/10, PT Eval – 1/20/10, PT Re-Eval notes – 2/3/10 & 5/13/10; PT Daily Notes – 1/20/10-5/13/10.
Records reviewed from the patient: Denial Letters – 5/12/10; Follow-up Eval Note – 6/16/10; South Loop MRI right foot and ankle MRI – 5/26/10.

We did not receive WC Network Treatment Guidelines from Carrier/URA

PATIENT CLINICAL HISTORY [SUMMARY]:
This injured worker sustained a work related injury to the right lower extremity x/xx/xxxx. At the initial evaluation January 15, 2010 she reported to Dr. that she was walking down stairs when she slipped on the last step, twisting her right foot. She had been evaluated by her family doctor. X-rays of the right foot were reported to show a non-displaced fracture of the tarsal navicular, right foot (825.22). Treatment included restricted duty, a walking boot with crutches, partial weight bearing permitted on the right foot, and Motrin. Referral was made to an orthopedic surgeon.

On the follow-up visit 1/21 the patient had seen an orthopedic surgeon who had recommended a brace and continuing physical therapy. Dr. continued the same treatment including Motrin, physical therapy and restricted duty with partial weight bearing on the right lower extremity, walking boot and crutches.

She had six physical therapy treatments in January and early February 2010, completing the sixth treatment February 3, 2010, at which time she continued to have difficulty with weight bearing on the right, even with crutches. On February 17, 2010 the right foot pain level was 6/10. Ultracet was started for pain relief. The patient was scheduled to see Dr. for orthopedic outpatient follow-up. On 3/17/2010 the pain level was 0/10 with the brace on.

Dr. saw her for orthopedic follow-up March 23, 2010. X-rays showed that the fracture had healed. He released the patient and authorized weight bearing as tolerated. He felt that she no longer needed immobilization of the boot.

On March 24, 2010 the pain level was 8/10 when walking with one crutch, bearing weight on the right lower extremity. The plan was to graduate to full weight bearing on the right leg with one crutch, then no crutches after two weeks. Dr. prescribed physical therapy. Therapy was continued for six treatments from March 26, 2010 through April 7, 2010. After the therapy session March 30, 2010 she was going to try walking without crutches. On April 1, 2010 the patient reported that the ankle hurt with weight bearing exercises. On April 5, 2010 she reported that she had increased pain when moving the ankle up (into dorsiflexion). The physical therapist noted that there was loss of terminal dorsiflexion, difficulty walking without an assistive device. On April 7, 2010 the patient reported to the therapist that she

sometimes has lots of pain but that she had not been using assistive devices lately. The therapist added an annotation: “ortho f/u unsure”.

On April 8, 2010 the pain level was 7/10. She was still limping, having a hard time walking without a cane. On 4/22/2010 the pain level was 7/10. She was using a cane and was continuing physical therapy. Overall, the symptoms had decreased. Therapy was continued for six more treatments from April 9, 2010 through April 21, 2010. On the therapy note April 9, 2010 there was loss of heel strike on the right. She was advised about weaning off the cane for household ambulation and for short distance community ambulation. On April 12, 2010 she reported difficulty with walking without the cane. She was making progress with the exercise program. Foot pain increased with walking, as documented April 14, 2010. On April 20, 2010 she had pain in the ankle and foot when she did not use the cane. However, on April 21, 2010 she reported that the foot and ankle were getting better.

Therapy was continued for six more treatments from April 26, 2010 through May 5, 2010. The patient continued to walk with an antalgic gait and with loss of heel strike and loading response on the right. On May 10, 2010 she reported that "the foot is okay, walking for prolonged periods still hurts". On May 7, 2010, after completion of 18 physical therapy visits, six more visits were requested. On May 12, 2010 the requested treatments were not authorized. On appeal, the requested treatments were again not authorized on June 7, 2010.

On the therapy note May 11, 2010 the patient reported that pain in the ankle is less. The therapist noted that she is able to walk more; she needs some assistance with climbing stairs and needs breaks when standing/walking for long periods. She was performing single leg standing with one minute holds on the trampoline and was using the quad bench with 50 pounds. On May 18, 2010 Dr. noted that the patient was unable to do full duty because she was having a hard time coming down from a step. He requested a work conditioning program. The pain level was 7/10.

On June 1, 2010 a functional capacity evaluation (FCE) was performed wherein she reported a pain level of 2/10 before the evaluation and a pain level of 8/10 after the evaluation. Gait evaluation revealed decreased weight bearing and weight shifting onto the right lower extremity. There was increased right foot/ankle pain descending stairs. She was functioning at a light physical demand level. Range of motion deficits were noted during right ankle eversion. Dr saw the patient on June 2, 2010 when she reported that overall the symptoms had increased. Antalgic gait had increased. The pain was at level 7/10 on the analogue scale. Dr. a follow-up work conditioning program at ERGO Rehab.

On June 16, 2010 she reported to Dr. that the pain remained at level 7/10. Dr. noted that the employer was requesting a follow-up referral to Associates c/o M.D., in view of the recent MRI finding of a partial tear of the talofibular ligament and the continued pain level of 7/10 with restricted motion of the right foot. Dr. further recommended no physical therapy, restricted duty, and a follow-up work conditioning program. On June 23, 2010 Dr. noted that the pain remained the same at 7/10. The patient was going to get a follow-up appointment with Dr.

MRI of the right foot and ankle May 26, 2010 was reported by MD to show the following:

- Partial tear of the anterior talofibular ligament.
- Mild ankle joint effusion.
- No bone injury is evident. The tendons are intact.
- The mid-tarsal joint shows early osteoarthritic changes.
- The first MTP joint also shows early osteoarthritic changes.

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

According to the records submitted for review, right ankle/foot pain and functional impairment persisted despite the timely and appropriate physical therapy treatment sessions. On 6/10/10 the Assessment of Weaknesses on the fourth page of the FCE included the following:

- Subjective complaints of right foot/ankle pain.
- Decreased right ankle eversion.
- Slight decrease in right ankle strength.
- Patient not able to perform at the required physical demand characteristic level for her job.
- Poor cardiovascular endurance.
- Gait deviation, decreased weight bearing and weight shifting onto the right lower extremity.

Furthermore, pain was aggravated by weight bearing and physical activity, as documented in the clinical notes.

- On 3/17/2010 the pain level was 0/10 with the brace on.
- On 5/10/10 she reported that "the foot is okay, walking for prolonged periods still hurts".
- On June 1, 2010 the functional capacity evaluation records documented that she reported a pain level of 2/10 before the evaluation and a pain level of 8/10 after the evaluation.
- On June 16, 2010 she reported to Dr. that the pain remained at level 7/10.

On 6/6/10 Dr. noted that the employer was requesting a follow-up referral to Associates c/o, MD in view of the recent MRI finding of a partial tear of the talofibular ligament and the continued pain level of 7/10 with restricted motion of the right foot. Dr. further recommended no physical therapy, restricted duty, and a follow-up work conditioning program. These plans are consistent with the ODG guidelines pertaining to physical therapy which indicate:

- If no improvement is noted, a comprehensive re-evaluation should be performed….
- Continued improvement must be documented for continued therapy. Typically no more than four to six visits are needed.

- Somewhere between 9 and 12 visits or between 4 and 6 weeks the patient should be reassessed.

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)**