



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 6/23/2010

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of PT to the right foot/ankle times 18 visits (3x/week for 6 weeks) consisting of 97110, 97022, 97112, 97116, 97140, 97150 and 97530.

**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 in this field.

**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 disagrees with the previous adverse determination regarding the prospective medical necessity of PT to the right foot/ankle times 18 visits (3x/week for 6 weeks) consisting of 97110, 97022, 97112, 97116, 97140, 97150 and 97530.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: 3/2/10 to 5/4/10 reports by Dr. and 3/22/10 MRI report of the left knee.

: 3/2/10 to 3/30/10 notes from Dr., 11/10/08 MRI of the right ankle, 11/19/08 to 5/20/09 office notes from Orthopedic Group, PT re-eval note 11/25/00, report of procedure 4/2/09 Health System, 6/10/09 to 10/14/09 office notes MD, insurance verification form (Dr.), handwritten notes by Dr., PT script 7/22/09 and 9/2/09 PT script.

Xchanging: emails 4/20/10 to 4/23/10 from, 4/20/10 to 4/28/10 notes from Dr., 4/23/10 physician reviewer's report, 4/23/10 denial letter, email 5/7/10 from, 5/7/10 physician reviewer's report, 5/6/10 denial letter and email from 4/28/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured when falling down a flight of stairs at work sustaining severe right ankle sprains with instability of the ankle and contusion requiring management with activity restrictions, with bearing restrictions, immobilization, PT, and eventually surgical management. She has also undergone active PT, but the number of visits of PT was not made available for this review. The patient has been evaluated by several orthopedic specialists. She has recently been diagnosed with left infrapatellar tendonitis via an MRI. More PT has been requested for this diagnosis. Eighteen visits of PT are requested by the most recent orthopedist, Dr.. This prescription is under dispute. Per Dr. letter of request on 4/28/10, he is requesting PT specifically to address left patellar tendonitis and PT for 'neuritic symptoms' in the right ankle. He is considering a PRP injection at the left knee vs. surgical debridement. He is also considering pain management for the right ankle/foot.

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

Per the ODG, the physical therapy is recommended for the knee injury.

ODG Physical Medicine Guidelines:

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface...

Pain in joint; Effusion of joint (ICD9 719.0; 719.4):

9 visits over 8 weeks

Arthritis (Arthropathy, unspecified) (ICD9 716.9):

Medical treatment: 9 visits over 8 weeks...

Per the ODG, the physical therapy program is recommended for the ankle injury.

ODG Physical Therapy Guidelines:

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface...

Ankle/foot Sprain (ICD9 845):

Medical treatment: 9 visits over 8 weeks

Post surgical treatment: 34 visits over 16 weeks

The documentation provided supports the patient's need for PT. There is also documentation that PT has been offered based on review of her orthopedists' notes. However, there is no documentation of the number of PT visits offered nor are there any notes for review to document whether or not the knee injury was ever addressed. The requested service is medically necessary at this time.

**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)