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Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 04/23/2010

IRO CASE #:

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

This case was reviewed by a Pain Management (Board Certified) Doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of post operative physical therapy for right ankle with treatment codes #97110, #97530, #97014, #97113, #97116, #97010, #97035, and #97124

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtuned (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o 01-22-10 Operative Report from
- o 03-04-10 Medical Report from
- o 03-08-10 Initial PT evaluation from PT
- o 03-06-10 Therapy Referral form from
- o 03-17-10 Fax request for authorization for PT from
- o 03-19-10 Adverse Determination Letter/Peer Review from Liberty Mutual
- o 03-23-10 Fax request for reconsideration from
- o 03-24-10 Adverse Determination Letter from
- o 03-26-10 Reconsideration - Peer Review from
- o 04-12-10 Request for IRO from the Claimant
- o 04-14-10 Notice of Case Assignment for IRO from TDI

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews, the patient is a -year-old employee who sustained an industrial injury to the right ankle on xx/xx/xxxx when he tripped on a screw and twisted his ankle. He attended PT for about two months and underwent an arthroscopy on December 8, 2008. He did not attend PT post-operatively and his ankle pain persisted. He came under orthopedic care of his current provider in July 2009 who sent him for imaging studies and PT. PT was not authorized and he proceeded to a surgery. He has been followed orthopedically with a diagnosis of status post surgery for right ankle instability and osteochondral lesion over the lateral aspect of the talus.

On January 22, 2010, the patient underwent surgery for removal of fractured lateral process of the talus and Brostrom repair with drilling of an osteochondral lesion, with a post-operative diagnosis of significant impingement over the anterolateral aspect of the ankle, positive anterior drawer sign and instability and osteochondrotic lesion on lateral aspect of the talus.

The patient was reevaluated 6 weeks post-op on March 4, 2010. His wound looked good. Range of motion and strength were decreased. Physical therapy and an ankle splint were ordered. He would return in 4 weeks.

The patient was assessed in PT on March 8, 2010. He is using ibuprofen. He reports pain levels of 5-9/10. He complains of big toe and knee pain as well as ankle pain. He describes a constant aching pain. He continues to have some mild swelling at the ankle. He has difficulty with activities. He has a 3 cm well-healed incision along the lateral aspect of the right ankle. He demonstrates a moderate limp. He has an aircast boot. He is unable to ascend/descend stairs at this time. Strength is 4-/5. Dorsiflexion is 12/(-) 2 degrees of neutral, Plantarflexion is 30/40, inversion 20/25, eversion 10/14. Recommendation is for 12 sessions of PT.

12 sessions of PT were requested by the provider on March 17, 2010.

The request for 12 sessions of post-operative physical therapy for right ankle was considered in review on March 19, 2010 with recommendation for non-certification. A peer discussion was attempted but not realized. Per the reviewer, the claimant is being treated for an injury to his ankle that occurred on 09/19/08. He underwent surgery for ankle instability and osteochondral lesion over the lateral aspect of the talus. He was evaluated in follow up and the cast was removed. He had decreased ROM and strength. He was given a splint and referred to PT. He started PT on 03/08/10. The history and documentation submitted do not objectively support the request for 12 sessions of post-operative PT with the described treatment codes. Passive modalities such as e-stim, ultrasound, hot/cold packs, and both manual therapy and massage are not supported by the guidelines. It is not clear why the claimant needs aquatic therapy prior to attempting a trial of land-based therapy. He is young and there is no documentation of other conditions that preclude land-based therapy. ODG recommends 34 visits over 16 weeks for the patient's diagnosis but does not recommend e-stim, ultrasound, aquatic therapy, or hot/cold packs which can be applied at home.

Request for reconsideration was requested on March 23, 2010.

Request for reconsideration for 12 sessions of post-operative physical therapy for the right ankle was considered in review on March 26, 2010 with recommendation for non-certification. Per the reviewer, the patient underwent right ankle Brostrom repair on 01/22/10. The 03-08/10 note indicates he has continued right ankle pain as well as some big toe and knee pain, as he has been limping. He continues to have swelling and limited ROM and function. Ranges of motion are restricted as described and he is unable to stand unilaterally on the right lower extremity. Flexibility is poor with moderate calf tightness. ODG supports the number of visits requested with therapeutic modalities to restore strength, motion and function; however, codes #97014, #97113, #97116, #97110 and #97140 are not allowable per ODG. There are no peer review studies showing these codes affect outcome. CPT codes #97110 and #97140 are allowable to restore motion and strength. The provider could not be reached to modify the request to comply with ODG.

Request was made for an IRO.

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

ODG supports 34 visits of post-operative PT over 16 weeks for ankle and foot sprains

12 sessions of PT have been requested for the right ankle including modalities: #97110 Therapeutic exercises, #97530 Kinetic activities/therapeutic activities, #97014 Unattended electrical stimulation, #97113 Aquatic therapy, #97116 Gait training/stair climbing, #97010 Hot/Cold packs, #97035 Therapeutic Ultrasound, and #97124 Massage.

Generally TENS stimulation can be supported for a patient attending supervised PT. Massage is not recommended but a trial appears to be supported. Ultrasound is not recommended but could be a substitute for heat. Aquatic therapy is an option where reduced weightbearing is desired. Ice is supported for home use but also for acute states, and icing immediately following PT exercises is a reasonable and common practice. Gait training/stair exercises and therapeutic activities can be supported. While some of the specific modalities can be scrutinized and found to be not supported as separate treatments, this patient is in an acute state following a surgery and is in medical need of at least 12 sessions of post-operative rehabilitation. The facility appears to have a pool and incorporate aquatic exercises, which would be reasonable following an ankle surgery when reduced weightbearing is desired. Overall, I would not delay and/or deny this patient post-operative therapy based on individual modalities.

Therefore, my recommendation is to disagree with the previous non-certification for 12 sessions of post operative physical therapy for right ankle with treatment codes #97110, #97530, #97014, #97113, #97116, #97010, #97035, and #97124.

The IRO's decision is consistent with the following guidelines:

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 KNOWLEDGBASE

____ 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

The Official Disability Guidelines 03-26-2010 Knee and Ankle Chapter, Physical Therapy:

Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. See also specific physical therapy modalities by name. This RCT supports early motion (progressing to full weightbearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and nonsurgically treated patients with Achilles tendon ruptures.

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 Official Disability Guidelines 03-26-2010 Knee and Ankle Chapter: Massage (CPT 97124):

Not recommended. There is little information available from trials to support the use of many physical medicine interventions for treating disorders of the ankle and foot. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. See also Manipulation.

The Official Disability Guidelines 03-26-2010 Knee and Ankle Chapter: Therapeutic Ultrasound (CPT 97035): Not recommended.

Therapeutic ultrasound is no more effective than placebo in the treatment of plantar heel pain. There is little information available from trials to support the use of many physical medicine modalities for treating disorders of the ankle and foot. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. May be an option for heat; see Heat therapy.

The Official Disability Guidelines 03-26-2010 Knee and Ankle Chapter: Ice Packs: Recommended. Regular local (home use)

application of cold packs is appropriate following acute injury for 24 to 48 hours and with continued swelling. RICE (rest, ice, compression, elevation) is appropriate for first 24 hours for sprain/fracture. Ice works better than heat to speed recovery. See also Cold packs.

The Official Disability Guidelines 04-16-2010 - Lumbar Chapter, Aquatic Therapy: Recommended as an optional form of exercise

therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There may be advantages to weightless running in back pain recovery. This RCT concluded that water-based exercises produced better improvement in disability and quality of life of patients with CLBP than land-based exercise, but in both groups, statistically significant improvements were detected in all outcome measures. The aquatic exercise program consisted of 20 sessions, 5 x per week for 4 weeks in a swimming pool, and the land-based exercise was a home-based program demonstrated by a physical therapist on one occasion and then given written advice. For recommendations on the number of supervised visits, see Physical therapy.