



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: May 14, 2010

IRO Case #:

Description of the services in dispute:

Denied for medical necessity: Items in dispute: 6 sessions of physical therapy.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The clinician who provided this review is a licensed chiropractor. This reviewer is a member of the American Chiropractic Association. This reviewer has been in active practice since 1985.

Review Outcome

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

Upheld.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Information provided to the IRO for review

Records From the State:

IRO request forms, 05/03/10, 8 pgs.

Correspondence from Genex, 04/23/10, 04/29/10, 6 pgs.

Texas Outpatient Non-Authorization Recommendation, 4/23/10, 3pgs.

Records From URA:

Dr. xxxxx, Request for reconsideration, 04/23/10, 2 pgs.

Dr. xxxxx x. xxxxx, Pre-authorization requests, 04/21/10, 3 pgs.

Dr. xxxxx, Physical therapy Progress Record, 04/21/10, 2 pgs.

Dr. xxxxxx Preauthorization Request, 03/26/10, 2 pgs.

Dr. xxxxx D. xxxxx, Initial narrative report, 03/23/10, 4 pages.

xxxxx, Ph.D, Request for Pre-Authorization, 10,26/09, 1 pg. V

xxxxx, Ph.D, Individual therapy report, 10/21/09, 5 pages.

Dr. xxxxx, Clinical Note, 04/24/09, 1 pg.
Dr. xxxxxxxxxxx, Clinical Note, 06/29/09, 1 pg.
Dr. xxxxx xxxxx, Clinical Note, 06/08/09, 1 pg.
Dr. xxxxx xxxxx, Clinical Note, 05/06/09, 1 pg.
Dr. xxxxx, Clinical Note, Initial Evaluation 04/08/09, 2 pgs. xxxxx
xxxxxxxx, MRI Report, 03/19/09
Dr. xxxxx, Initial Narrative Report, 03/23/10, 4 pgs. Prior
review dated 12/09/09, 10 pages.

Patient clinical history [summary]

The claimant is a male with occupational date of injury of xx/xx/xx. The mechanism of injury was a twist of the ankle.

A MRI dated 03/19/09 noted micro fracture in the medial talus and medial malleolus with suspicion of anterior talofibular and calcaneofibular sprain/tear.

The claimant was reportedly treated by MD (orthopedist) from 04/08/09 through 08/24/09.

There was documentation of mental health evaluation dated 10/21/09. Psychometrics was suggestive of mild depression and moderate anxiety.

Dr. report dated 03/23/10 noted complaint of left ankle. Medial/lateral tenderness was noted with medial swelling. ROM reported 10 degrees of dorsiflexion, 30 degrees of plantar flexion, 5 degrees of inversion, and 0 degrees of eversion. There were no other functional measures noted. The claimant underwent physical therapy including exercise (971100, therapeutic activities (97530), massage (97124), NMR (97112), and gait training (97116). By 04/21/10, the claimant improved to 20 degrees of dorsiflexion, 40 degrees of plantar flexion, 15 degrees of inversion, and 5 degrees of eversion.

The request is physical therapy 2 x 3 weeks. The request has been denied on 2 prior occasions per physician review. The purpose of this request is to determine the medical necessity of 6 sessions of physical therapy per submitted documentation and evidence based guidelines.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Based on review of submitted documentation and evidence based guidelines the disputed 6 sessions of physical therapy are not medically necessary. The request fails to meet ODG requirements for additional therapy. Specifically, there was scant evidence of functional deficits prior to this request. Range of motion (ROM) was measured and found to be near normal to normal. There was no evidence of compelling rationale for office based exercise therapy over a home based program. ODG allows up to 12 sessions of physical therapy for this condition; however, given the

clinicals at the time of the request, there is insufficient necessity for continued office based physical therapy. Per ODG for Ankle & Foot Regarding 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. (Colorado, 2001) (Aldridge, 2004) This RCT supports early motion (progressing to full weight bearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and non-surgically treated patients with Achilles tendon ruptures. (Twaddle, 2007)" And "Fracture of ankle (ICD9 824): Medical treatment: 12 visits over 12 weeks."

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG for Ankle & Foot Regarding 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. (Colorado, 2001) (Aldridge, 2004) This RCT supports early motion (progressing to full weight bearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and nonsurgical treated patients with Achilles tendon ruptures. (Twaddle, 2007)

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

Enthesopathy of ankle and tarsus (ICD9 726.7):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Achilles bursitis or tendonitis (ICD9 726.71):

Medical treatment: 9 visits over 5 weeks

Achilles tendon rupture (727.67):

Post-surgical treatment: 48 visits over 16 weeks

Hallux valgus (ICD9 735.0):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Hallux varus (ICD9 735.1):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Hallux rigidus (ICD9 735.2):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Other hammer toe (ICD9 735.4):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Plantar Fasciitis (ICD9 728.71):

6 visits over 4 weeks

Fracture of tibia and fibula (ICD9 823)

Medical treatment: 30 visits over 12 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

Fracture of ankle (ICD9 824):

Medical treatment: 12 visits over 12 weeks

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PK ext 6519