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Notice of Independent Review Decision

DATE OF REVIEW: 4/28/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional sessions physical therapy right ankle

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

Certified by the American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective			Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.
Physician notes dated 3/11/10, 2/25/10, 1/21/10
Physical therapy notes dated 1/27/10, 3/1/10, 3/5/10
Operative Report dated 10/30/09
Official Disability Guidelines provided-Ankle & Foot (Acute & Chronic)

PATIENT CLINICAL HISTORY:

This patient was injured on xx/xx/xx. On this date the patient sustained a right ankle dislocation when he fell and landed on a pipe. The patient underwent a closed reduction on the date of

injury and Achilles tendon repair on 08/14/08. The patient underwent right ankle tripe arthrodesis and augmentation with autologously harvested bone graft on 10/30/09. Follow up note dated 1/21/10 indicates that the patient is doing well. Recommendation is out of cast, into boot, full weight-bearing and ankle range of motion only with therapy. Initial physical therapy (PT) evaluation dated 01/27/10 indicates that the patient is working light duty. The patient is full weight-bearing and wears a fracture boot for ambulation. The patient has no complaints of pain and is not currently taking any medications. On physical examination dorsiflexion is -10 degrees, plantar flexion 20, inversion 0 and eversion 0. Strength is rated as 3-/5. Progress note dated 2/25/10 indicates that the patient presents with good dorsiflexion and plantar flexion. Neurovascular and motor examination is normal. The patient was recommended to continue therapy due to weakness. Reevaluation dated 3/1/10 indicates that the patient is doing well and has made good improvements with strength and motion. The patient has completed approximately one month of physical therapy treatments. The patient exhibits a mild limp with ambulation and a decrease in weight shift to on the right side during stance phase. The patient is not using an assistive device. On physical examination dorsiflexion is 5, plantar flexion 40, inversion 5 and eversion 3 degrees. Strength is rated as 4+/5. Calcaneal tilt test and anterior drawer test were negative. PT daily progress note dated 3/5/10 indicates that the patient reports decrease in spasms of the right lower extremity. Follow up note dated 3/11/10 indicate that the patient complains that his foot feels like it is coming out of the socket. On physical examination the patient has good pulses, good range of motion and neurovascular and motor examination is normal.

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

In the Reviewer's opinion, the request for additional sessions of physical therapy for the right ankle is not medically necessary based on the clinical data presented for review. The patient underwent right ankle triple arthrodesis in October 2009 and subsequently completed a course of postoperative physical therapy. Serial progress notes indicate that the patient presents with good pulses and good range of motion. Neurovascular and motor examination is normal. The patient is well past the subacute healing phase, and physical examination is unremarkable. There is no clear rationale provided to support ongoing physical therapy at this time.

Reference: 2010 Official Disability Guidelines, 15th edition, Work Loss Data Institute, Online Version, Ankle and Foot Chapter.

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

Post-surgical treatment: 21 visits over 16 weeks

Fracture of ankle, Bimalleolar (ICD9 824.4):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment (ORIF): 21 visits over 16 weeks

Post-surgical treatment (arthrodesis): 21 visits over 16 weeks

Fracture of ankle, Trimalleolar (ICD9 824.6):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

Metatarsal stress fracture (ICD9 825):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

Fracture of one or more phalanges of foot (ICD9 826):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 12 visits over 12 weeks

Closed dislocation of ankle (ICD9 837):

9 visits over 8 weeks

Amputation of toe (ICD9 895):

Post-replantation surgery: 20 visits over 12 weeks

Crushing injury of ankle/foot (ICD9 928.2):

Medical treatment: 12 visits over 12 weeks

Amputation of foot (ICD9 896):

Post-replantation surgery: 48 visits over 26 weeks

Crushing injury of ankle/foot (ICD9 928.2):

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:

- ☐ **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)**