

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 11/22/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Occupational Therapy 3 x wk 4 wks

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

Texas Board Certified Occupational Medicine

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. ODG-TWC Ankle and Foot
2. 04/29/10 - Radiographs Lumbar Spine
3. 04/29/10 - Radiographs Left Foot
4. 04/29/10 - Radiographs Right Foot
5. 04/29/10 - CT Cervical Spine
6. 04/29/10 - Radiographs Right Knee
7. 04/29/10 - MRI Right Knee
8. 04/30/10 - CT Lumbar Spine
9. 05/01/10 - MRI Lumbar Spine
10. 05/13/10 - MRI Right Ankle
11. 05/29/10 - MRI Left Knee
12. 07/01/10 - Rehabilitation Progress Note
13. 07/02/10 - Rehabilitation Progress Note
14. 07/06/10 - Rehabilitation Progress Note
15. 07/08/10 - Rehabilitation Progress Note

16.07/13/10 - Rehabilitation Progress Note
17.07/14/10 - Rehabilitation Progress Note
18.07/16/10 - Rehabilitation Progress Note
19.09/30/10 - Utilization Review
20.10/18/10 - Utilization Review
21. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when a heavy object fell on him, causing trauma to the left ankle.

Radiographs of the bilateral feet performed were negative. Radiographs of the lumbar spine performed demonstrated normal alignment of the vertebral bodies. There had been a prior laminectomy of L4 and L5, as well as a posterior fusion of L4-S1 with metal screws traversing the pedicles which were attached posteriorly by metal rods. There was a fracture of the metal rod attaching the right pedicle screws between L4 and L5. There was loss of disc space at L5-S1. Radiographs of the right knee performed 04/29/10 demonstrated small joint effusion with no evidence of fracture. An MRI of the right knee performed 04/29/10 demonstrated bone contusion of the medial femoral condyle and less significantly posterior and lateral tibial plateau. There were articular cartilage deformities of the medial femoral condyle and posterior patella. There was mild to moderate joint effusion present. A CT of the cervical spine performed was unremarkable. A CT of the lumbar spine performed 04/30/10 revealed no fractures, disc herniations, or bulges.

An MRI of the lumbar spine performed 05/01/10 demonstrated a posterior lumbar interbody fusion at L4-S1 with no apparent complications and no evidence of acute fracture.

An MRI of the left ankle performed 05/13/10 demonstrated a large tibiotalar effusion with either adherent blood clot or severe synovial thickening anteriorly. There was a probable resolving large hematoma around the extensor tendons. There was evidence of a tear of the anterior tibiofibular ligament. There was evidence of a tear of the proximal half of the anterior talofibular ligament, though the inferior half was intact. There was thickening and inhomogeneity of the tibionavicular ligament, suggestive of strain. There was Achilles tendinopathy without evidence of tear. There was a calcaneal spur without edema, suggestive of acute plantar fasciitis.

An MRI of the left knee performed 05/29/10 demonstrated a focal high-grade partial-thickness and full-thickness cartilage loss in the patella. There was small joint effusion and a Baker's cyst. There was marrow edema or contusion in the posteromedial tibial plateau and in the posterolateral tibial plateau near the intercondylar fossa with some deformity of the posterior corner of the lateral tibial plateau, possibly reflecting a prior trauma. There was no evidence of internal derangement of the supporting structures of the knee.

Seven physical therapy progress notes dated 07/01/10 through 07/16/10 were submitted for review. The physical therapy note dated 07/01/10 stated the employee completed all tasks assigned with minimal modifications. Range of motion was limited with pain. The note stated the employee was adjusting well to the weights and exercises and seemed to be showing steady progress. The employee completed ninety minutes of therapy. The physical therapy note dated 07/16/10 stated the employee completed all tasks assigned with minimal modifications. Range of motion was limited with pain. The note stated the employee was showing steady progress. The employee completed sixty minutes of therapy. The note stated the employee was progressing as expected and was recommended to continue as planned.

The request for Occupational Therapy 3 x wk 4 wks was denied by utilization review on 09/30/10 due to lack of serial physical therapy progress notes to validate the failure of the physical rehabilitation treatments. Also, pharmacotherapy was not well documented. No specific short-term and long-term goals were submitted for review that would indicate a probable endpoint in care.

The request for Occupational Therapy 3 x wk 4 wks was denied by utilization review on 10/18/10 due to no documentation of quantifiable and time-limited functional goals specific to the body part(s) to be treated. There was no documentation of objective functional response to prior therapy visits. There was a lack of documentation stating reasons why an independent home exercise program would be insufficient to address any remaining functional deficits.

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

The employee sustained a significant injury to the left ankle and appears to have undergone at least fifteen sessions of physical therapy to date. The employee tolerated physical therapy well and had minimal functional deficits to include reduce range of motion secondary to pain. No weight bearing restrictions were noted on examination. The employee was recommended for an additional twelve sessions of occupational therapy. This additional therapy would not be indicated based on the clinical provided. The employee would be able to reasonably address the remaining mild functional deficits with a home exercise program as recommended by current evidence-based guidelines. There are also no clear goals set for the recommended additional occupational therapy. As the request does not meet guideline recommendations regarding continuation of physical therapy, medical necessity is not supported.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. **Official Disability Guidelines**, Online Version, Ankle and Foot Chapter