

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy x 12 Sessions (3 times a week for 4 weeks) for the right ankle (97110 Therapeutic Exercise; 97140 Manual therapy techniques - ea 15 min; G0283 E Stimulation)

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

MD, Board certified in Physical Medicine and Rehabilitation with expertise in pain management

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 finds that medical necessity exists for Physical Therapy x 12 Sessions (3 times a week for 4 weeks) for the right ankle 97110 Therapeutic Exercise.

The reviewer finds that medical necessity does not exist for Physical Therapy x 12 Sessions (3 times a week for 4 weeks) for the right ankle 97140 Manual therapy techniques - ea 15 min. and G0283 E Stimulation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG

, 7/28/10, 8/27/10

Spine & Rehab 7/23/10, 7/21/10, 8/19/10, 9/3/10

PATIENT CLINICAL HISTORY SUMMARY

This claimant has a date of birth of xx/xx/xx. The claimant was working for the and reported an injury to the ankle. He was diagnosed with a right Achilles tendon strain and right calf strain. Medications were given and xrays ordered. Therapy was ordered but he did not attend. Ankle dorsiflexion is 15/20, plantar flexion is 15/40 and inversion is 20/30 and eversion is 15/20. Therapy has been requested to include therapeutic exercise, manual therapy and estim.

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

The ODG Ankle chapter does recommend therapy for an ankle strain. This therapy should include therapeutic exercise which is active therapy. Manual therapy is not recommended for ankle disorders and there is limited evidence from trials to support the use of manipulation. Stimulation is not recommended as a primary treatment modality. It is not recommended for the foot and ankle. The reviewer finds that medical necessity exists for Physical Therapy x 12 Sessions (3 times a week for 4 weeks) for the right ankle 97110 Therapeutic Exercise. The reviewer finds that medical necessity does not exist for Physical Therapy x 12 Sessions (3 times a week for 4 weeks) for the right ankle 97140 Manual therapy techniques - ea 15 min. and G0283 E Stimulation.

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

ACOEM-AMERICA 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)