

Core 400 LLC

An Independent Review Organization
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NOTICE OF AMENDED INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/21/2010

DATE OF AMENDED REVIEW: August 30, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

8 sessions of physical therapy to the left & right ankle

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

M.D., Board Certified in Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG, Ankle & Foot

Adverse Determination Letters, 4/12/10, 4/30/10

11/30/09, 9/4/09, 10/28/09

Patient Letter 4/19/10

Rehabilitative Excellence 3/30/10

Physical Therapy 4/1/10

Metrocrest 3/30/10, 10/6/09, 3/6/09, 4/14/09

Imaging 11/14/08

Employers First Report of Injury or Illness, 8/28/08

PATIENT CLINICAL HISTORY SUMMARY

This is a female with comorbid conditions of osteoporosis and a known history of chronic smoking who underwent tarsal tunnel release twice, the last in November 2009. She was originally injured in xx/xxxx. Apparently she has received twenty visits of therapy to the right ankle but none to the left. Current request is for 8 sessions of physical therapy to the left & right ankle.

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

I have been asked to amend and clarify my analysis where I incorrectly stated there was a 0% impairment rating affecting this patient's ankles rather than her legs. To be clear, the patient's ankles were not assigned a 0% impairment rating. This review and analysis is based upon the ODG Guidelines, medical judgment, and clinical experience, and no weight has been given to the impairment rating in these findings. The physical therapy notes do not delineate significant problems with this patient's ankles. The medical notes state there is pain in the left ankle. It has been more than two years since injury. It has been more than 6 months since the surgery. At this juncture the medical records do not support further physical therapy for the right ankle, which has already been treated, nor for acute postoperative therapy for the left ankle. The reviewer finds that the previous adverse determinations should be upheld. The reviewer finds that there is not medical necessity for 8 sessions of physical

therapy to the left & right ankle.

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)