

# P&S Network, Inc.

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## Notice of Independent Review Decision

### MEDICAL RECORD REVIEW:

**DATE OF REVIEW:** 04/11/2011

**IRO CASE #:**

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

This case was reviewed by a Pain Management (Board Certified) Doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Six additional PT visits

**REVIEW OUTCOME** Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should

be: Upheld (Agree)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

### **PATIENT CLINICAL HISTORY (SUMMARY):**

According to the medical records and prior reviews, the patient is a male employee who sustained an industrial injury to the left foot on xx/xx/xx.

X-rays showed no fracture or dislocation of the left foot.

MRI performed January 13, 2011 showed focal marrow edema of UDE - chip versus fracture versus infectious process.

He had a podiatry consultation on January 27, 2011. Diagnosis was plantar fascia laceration. He was ordered PT x 6 weeks and assigned work restriction of standing/walking limited to 4 hours daily.

The patient was reevaluated by his provider on February 14, 2011. He has a lacerated plantar fascia. He describes discomfort with pressure/weight bearing of 1/10 intensity. He has been weight bearing and can tolerate 2-3 hours of work. He walked 7 hours one day and was in severe pain by the end of the work day. He states he does ok if he can walk on his toes. Inclines are still difficult to walk on. Due to a change in gait he has developed blisters. He has full ROM. He feels his symptoms have increased overall. There is no sign of wound infection. Induration persists with deep palpation. Further PT is needed because he has poor walking tolerance and a gait disorder. He will continue home care and HEP. No medication is required.

PT notes dated February 18, 2011 state the patient is a little sore this visit after climbing a fence two times yesterday during work. Therapy included stationary bike, trampoline exercises and ball pass. He has improved function including body squats.

PT notes dated February 12, 2011 state he was issued, educated and trained on self-care and a home exercise program to aid in the clinical progression and achievement of functional goals along with the therapeutic interventions. He now has full strength in

the left foot. ROM is within normal limits. He is able to ambulate with normal toes off and no exacerbation. He still has some difficulty with climbing and uneven surfaces.

PT notes dated February 25, 2011 state he was rear ended in a MVA and has some tightness in his lower back this visit. Some activities were modified or reduced due to new onset of low back pain associated with an MVA. He was advised to see his private physician in regard to his low back.

PT notes dated February 18, 2011 indicate therapy content is primarily active. Hip flexion strength is 4/5; knee extensions strength is 4/5. He still has difficulty with essential job functions without exacerbation.

Pre-authorization request dated February 21, 2011 indicate the patient has completed 15 visits of PT. Six additional visits are recommended (3 x 2).

Provider follow-up report dated February 21, 2011 is very similar to report of February 14, 2011. He has a lacerated plantar fascia. He describes discomfort with pressure/weight bearing of 1/10 intensity. He has been weight bearing and can tolerate 2-3 hours of work. He walked 7 hours one day and was in severe pain by the end of the workday. He states he does ok if he can walk on his toes. Inclines are still difficult to walk on. Due to a change in gait, he has developed blisters. He has full ROM. He feels his symptoms have increased overall. He has full ROM and no signs of infection. The wound edges are well approximated. Induration persists with deep palpation. Recommendation is for additional PT of 2 x 3.

Request for six additional PT visits was considered in review on February 25, 2011 with recommendation for non-certification. He was recently seen by his provider on February 21, 2011. The examination noted pain with pressure/weight bearing of 1/10. His ROM had returned to normal but he had poor walking endurance. January 11, 2011 MRI showed non-specific enhancement, perhaps scar, without frank fluid collection or abscess identified and a mild hallux valgus deformity. He has attended 15 PT visits to date with content of mostly wound care. There has been documentation of wound healing. ODG supports 9 visits of PT over 8 weeks for sprains of the ankle and foot. A peer discussion was conducted. Recent PT visits were dedicated to desensitization of the dorsum of his foot using various physical means. It was mentioned that the patient was instructed in HEP and transitioned to HEP. The patient has adequate ROM and instructions to carry out exercises at home without need for supervision. Additional PT does not meet guidelines.

The patient was most recently seen by his provider on March 7, 2011. He continues to have pain and swelling in the left knee. He reports pain of 6/10 since putting a piece of wrought iron through his boot and into the foot. His symptoms significantly increased when he started doing gait training and rubbed the blisters on his left foot. Yesterday his knee and forelegs were swollen and painful. He states he could no longer bear weight. He states his knee pain has increased and his knee motion decreased. He described persisting popping and a pain level of 6/10 at the left knee. The ligaments are patient to testing and McMurray's sign is negative. There is some increased effusion. Further rehab is needed due increased pain and disability in the knee due aberrant gait. He is prescribed Robaxin. A knee MRI is recommended and additional PT and HEP. The diagnosis remains, 892.0 puncture wound of the foot.

Carrier note of March 11, 2011 notes the accepted injury is a puncture wound to the left foot only.

Request for reconsideration for six additional PT visits was considered in review on March 16, 2011 with recommendation for non-certification. Report of February 21, 2011 and the January 11, 2011 MRI are reviewed. The patient has attended 15 sessions of PT. Request is for 6 additional visits. The patient has been noted to have improved function and mobility. Per guidelines, it is reasonable to expect a full transition to a HEP if after initially directed therapy sessions if the post injury course remains without undo complications. Generally, such soft tissue impairments after initial PT program usually respond to conservative care that emphasizes self-directed exercise. ODG initially recommends a trial of PT coordinated with HEP with subsequent appropriate full transition to HEP. Further, in this case, the IW has had prior PT with at least 15 approved sessions with noted improved functions and mobility although with mild continued decreased function with continued residual low grade pain. He could reasonably fully transition to a HEP at this time.

The provider responded with letter of appeal dated March 17, 2011. He was going over a wrought iron fence when his boot hit a fence spike. His foot slipped hyperinverting the left ankle and twisting the left knee. The wrought iron spike went through the boot and punctured the foot. He was non-weight bearing for approximately two months. Serial PT evaluations document that he has achieved all short-term and all but one long-term goal. He is not able to perform essential job functions. Additional PT is reasonable and medically necessary to desensitize the wound site so that he can perform all work duties.

Request was made for an IRO.

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

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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.

The patient has attended 15 PT visits to date. His wound has healed well. ODG supports 9 visits of PT over 8 weeks for sprains of the ankle and foot. Per a peer discussion above, recent PT visits were dedicated to desensitization of the dorsum of his foot using various physical means. It was mentioned that the patient was instructed and transitioned to a HEP. One report (March 7, 2011) discusses knee symptoms; however, the diagnosis remains 892.0, puncture wound of the foot.

First level denial rationale notes the patient has adequate ROM and instructions to carry out exercises at home without need for ongoing supervision. Additional PT does not meet guidelines.

Second level denial rationale notes per guidelines, it is reasonable to expect a full transition to a HEP if after initial directed therapy sessions if the post injury course remains without undo complications. Generally, such soft tissue impairments after initial PT program usually respond to conservative care that emphasizes self-directed exercise. ODG recommends initially a trial of PT coordinated with a HEP with subsequent appropriate full transition to HEP. Further, in this case, the IW has had prior PT with at least 15 approved sessions with noted improved functions and mobility although with mild continued decreased function with continued residual low-grade pain. He could reasonably fully transition to a HEP at this time.

The PT reports indicate active therapy content with exercises the patient can continue independently. The PT reports do not describe any wound desensitization treatments. He may require some additional time for desensitization of the wound and better climbing/walking ability, but there is no documentation supporting that this must occur with supervised PT. The element of time is more important than formal PT considering this type of injury. Gait training caused blisters. There is no mention of work foot wear that might allow for better weightbearing on a healed wound or of home foot bath treatments. The guidelines indicate that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Ongoing supervised PT is not medically supported. Therefore, my recommendation is to agree with the previous non-certification for six additional PT visits.

The IRO's decision is consistent with the following guidelines:

**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

The Official Disability Guidelines 03-21-2011 Ankle and Foot Chapter: 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. This RCT supports early motion (progressing to full weightbearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and nonsurgically treated patients with Achilles tendon ruptures. After ankle fracture surgical fixation, commencing exercise in a removable brace or splint significantly improved activity limitation but also led to a higher rate of adverse events. Because of the potential increased risk, the patient's ability to comply with this treatment regimen is essential.

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

ODG 03-21-2011 Pain Chapter - Physical Therapy:

Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.