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Notice of Independent Review Decision

DATE OF REVIEW: 04/01/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Physical Therapy

DATES OF SERVICE FROM 03/07/2011 TO 04/04/2011

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

Texas Board Certified Orthopedic Surgeon

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. 08/03/10 - Clinical Note - MD
2. 08/03/10 - Radiographs Left Foot/Ankle
3. 08/17/10 - MRI Left Ankle
4. 08/24/10 - Clinical Note - MD
5. 09/02/10 - Clinical Note - MD
6. 09/02/10 - Laboratory Report
7. 09/09/10 - Clinical Note - MD
8. 10/07/10 - Clinical Note - MD
9. 11/01/10 - Designated Doctor Evaluation
10. 11/01/10 - Report of Medical Evaluation
11. 11/11/10 - Clinical Note - MD
12. 11/19/10 - Physical Therapy Note
13. 11/29/10 - Physical Therapy Note
14. 12/01/10 - Physical Therapy Note
15. 12/02/10 - Physical Therapy Note

16. 12/06/10 - Physical Therapy Note
17. 12/08/10 - Physical Therapy Note
18. 12/09/10 - Clinical Note - MD
19. 12/09/10 - Radiographs Left Foot
20. 12/10/10 - Physical Therapy Note
21. 12/14/10 - Physical Therapy Note
22. 12/16/10 - Physical Therapy Note
23. 12/17/10 - Physical Therapy Note
24. 12/28/10 - Physical Therapy Note
25. 01/04/11 - Physical Therapy Note
26. 01/06/11 - Clinical Note - MD
27. 01/07/11 - Physical Therapy Note
28. 01/12/11 - Physical Therapy Note
29. 01/13/11 - Physical Therapy Note
30. 02/10/11 - Clinical Note - MD
31. 02/16/11 - Physical Therapy Note
32. 02/24/11 - Utilization Review
33. 03/09/11 - Utilization Review
34. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he twisted his left foot/ankle while exiting a company vehicle.

The employee saw Dr. on 08/03/10 with complaints of pain in the left ankle and foot. Physical examination revealed swelling and tenderness over the ankle. There was diffuse tenderness over the foot. Pulses and reflexes were okay. Radiographs of the ankle and foot were unremarkable. The employee was assessed with ankle sprain/strain and foot sprain. The employee was recommended for MRI of the left ankle and foot.

An MRI of the left ankle performed 08/17/10 demonstrated findings suggestive of mid foot gout with multiple marginal, well-circumscribed erosions within the mid foot. There was soft tissue edema surrounding the foot.

The employee saw Dr. on 08/24/10 with complaints of left foot pain. Physical examination revealed significant soft tissue edema. There was diffuse tenderness over the mid foot. The employee was assessed with possible chronic gout. The employee was referred for second opinion.

The employee saw Dr. on 09/02/10 with complaints of left foot pain. Physical examination revealed a painful swollen mid foot. The employee was assessed with foot sprain. The employee was recommended for laboratory studies to include uric acid, SED rate, and CRP.

The employee saw Dr. on 09/09/10 with complaints of left foot pain. Laboratory tests demonstrated a high uric acid of 9.8 mg/dL. The employee was

assessed with mid foot sprain and gouty arthritis. The employee was prescribed Allopurinol 300 mg.

The employee saw Dr. on 10/07/10 with complaints of left foot pain. Physical examination revealed evidence of discomfort, pain, and swelling over the mid foot. The employee was assessed with foot sprain and gout. The employee was continued on Allopurinol.

The employee was seen for Designated Doctor Evaluation on 11/01/10. The employee complained of left foot and ankle pain rating 8 out of 10. The employee reported difficulty with weight bearing activities. Current medications included ibuprofen. Physical examination revealed the employee ambulated with the use of a short leg walking orthosis and bilateral axillary crutches. There was swelling noted in the left foot and ankle. There was moderate palpatory tenderness reported. There was no decreased sensation noted. Motor muscle strength of the lower extremities was 5/5. Range of motion of the left ankle revealed 10 degrees dorsiflexion, 15 degrees plantarflexion, 5 degrees inversion, and 5 degrees eversion. The employee was assessed with left ankle sprain complicated by persistent atypical gouty arthritis. The employee was not placed at Maximum Medical Improvement (MMI) at that time.

The employee saw Dr. on 11/11/10 with complaints of left foot pain. Physical examination revealed residual tenderness over the midfoot. The employee was assessed with unspecified site of foot sprain and gout unspecified. The employee was continued on Allopurinol 300 mg. The employee was also recommended for physical therapy.

The employee was seen for physical therapy evaluation on 11/19/10. The employee complained of left posterior ankle pain. The employee also reported limited range of motion, stiffness, weakness, and pain. The employee reported difficulty with prolonged sitting/standing, stairs, squatting, bending the ankle, and long distance ambulation. Physical examination revealed moderate swelling of the ankle and foot. There was minimal to no atrophy noted of the lower extremity. The employee exhibited a moderate limp with ambulation and a significant decrease in weight shift to the left side during stance phase. The employee has pain and difficulty with ascending and descending stairs. There was pain and tenderness throughout the left ankle posteriorly, the Achilles tendon, and at the MTP joint. There was mild pain in the left ATF ligament. Range of motion of the left ankle revealed dorsiflexion of 2 degrees, plantarflexion of 30 degrees, inversion of 15 degrees, and eversion of 14 degrees. The employee was unable to stand and perform an independent or bilateral heel raise. There was moderate calf tightness noted. There was Grade I mild laxity with anterior drawer. The employee was recommended for physical therapy.

The employee saw Dr. on 12/09/10 with complaints of left foot pain. Physical examination revealed good range of motion of the ankle, subtalar joint, and transverse tarsal joint. There was tenderness over the mid foot. Radiographs demonstrated evidence of significant osteoporosis of the midfoot. The employee was assessed with unspecified site of foot sprain. The employee was recommended for continued physical therapy.

The employee saw Dr. on 01/06/11 with complaints of left foot pain. The employee stated he was benefitting from physical therapy. Physical examination revealed tenderness over the foot. The employee ambulated with a significant limp. The employee was assessed with unspecified site of foot sprain. The employee was recommended for continued physical therapy.

The employee saw Dr. on 02/10/11 with complaints of left foot pain. Physical examination revealed swelling, discomfort, and pain over the mid foot. Radiographs revealed evidence of osteoporosis. The employee was recommended for physical therapy.

The employee was seen for physical therapy on 02/16/11 with continued complaints of left ankle and foot pain, mostly medial arch, ankle, and Achilles pain. The employee reported limited ability to ambulate, ascend, or descend stairs. Physical examination revealed mild swelling of the right ankle and foot. There was minimal to no atrophy noted of the lower extremity. There was some localized redness and swelling in the big toe region, likely due to an infected big toe nail. The employee was able to ascend and descend stairs with pain. There was pain and tenderness throughout the ankle region and some in the medial ankle, peroneal tendons, and at the insertion of the Achilles tendon. Left ankle range of motion revealed 10 degrees of dorsiflexion, 42 degrees of plantarflexion, 45 degrees inversion, and 12 degrees of eversion. The employee demonstrated the ability to stand for 3 seconds on the left lower extremity and 12 seconds on the right lower extremity. Mild calf tightness was noted. The note stated the employee had not responded well with physical therapy treatments thus far. The employee was recommended for a Functional Capacity Evaluation (FCE) to determine his functional limitations.

The request for additional physical therapy was denied by utilization review on 02/24/11 due to lack of significant objective functional improvement with prior treatment. The request for twelve additional sessions combined with prior treatment would exceed evidence-based guidelines for total duration of care for the employee's diagnosis.

The request for additional physical therapy was denied by utilization review on 03/09/11 due to the lack of significant progress for past physical therapy for over several months for twenty-two visits.

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

The request for additional physical therapy is not medically necessary. To date the employee has completed twenty-two sessions of physical therapy. The employee's most recent physical evaluation revealed mild loss of range of motion of the left ankle with mild tenderness and swelling. The employee was noted to have a prior history of gout. As the employee has already exceeded guideline recommendations for physical therapy to treat ankle sprain and as the employee was stated to have not progressed well with physical therapy, further physical therapy would not be indicated. There may be other contributing factors to the employee's continuing complaints, and there is no objective evidence of exceptional factors that would warrant continuing physical therapy. As such, medical necessity is not established.

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

Official Disability Guidelines, Online Version, Ankle & 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