

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 sessions of physical therapy (3 times a week for 4 weeks) for the right ankle

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

MD, Board Certified 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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was playing soccer when he kicked the ball and reported experiencing pain and discomfort in the right calf. Initial evaluation dated 07/21/10 indicates that the patient reports constant right ankle and calf pain rated as 6/10. The patient was initially sent for therapy but did not attend secondary to a scheduling conflict. On physical examination patellar reflexes are 2+ bilaterally. Ankle reflexes were +1 on the right and +2 on the left. Sensation is intact in the bilateral lower extremities. Motor evaluation demonstrated 3/5 strength with right ankle eversion and plantar flexion. Tinel's was positive for tingling in the first two digits of the right foot. Range of motion is dorsiflexion 15, plantar flexion 15, inversion 20 and eversion 15. Peer review dated 09/01/10 indicates that the patient sustained a sprain/strain syndrome to the gastrocnemius complex of his right leg. There is no evidence of specific pathology to the ankle mortise or right knee. Given the patient's clinical examination and functional abilities, physical therapy, chiropractic care or additional supervised rehabilitation would be medically unnecessary. A home exercise program would be sufficient. The patient subsequently completed approximately 12 sessions of physical therapy. MRI of the right calf dated 12/23/10 revealed chronic-appearing posttraumatic thickening with intrasubstance T2 signal increase within the tendon and myotendinous junction of the medial gastrocnemius tendon, consistent with history of remote high-grade strain/tear. No muscle atrophy is identified. Physical examination on 01/18/11 notes spasms and tenderness in the right calf muscle. The patient has loss of range of motion in his right ankle. Evaluation on 03/11/11 indicates that strength is rated as 4/5 with right ankle eversion and plantar flexion. Right ankle range of motion is dorsiflexion 15, plantar flexion 16, inversion 18 and eversion 16.

Initial request for 12 sessions of physical therapy was non-certified on 01/25/11 noting a lack of information including ortho consult note and physical therapy progressive functional clinical notes. The denial was upheld on appeal on 02/25/11 noting the patient is working full duty, has minimal findings on physical examination and has attended 12 physical therapy sessions to date.

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

The patient sustained an injury to the right lower extremity on xx/xx/xx and subsequently completed 12 sessions of physical therapy to date. Peer review dated 09/01/10 reports that physical therapy would be medically unnecessary and a home exercise program would be sufficient. The Official Disability Guidelines support up to 9 visits of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. The patient is currently working full duty. Physical examination is grossly unremarkable. The patient's compliance with a home exercise program is not documented. The patient has completed sufficient formal therapy. ODG supports improvement of strength and range of motion with an independent, self-directed home exercise program. The reviewer finds no medical necessity for 12 sessions of physical therapy (3 times a week for 4 weeks) for the 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)