

SENT VIA EMAIL OR FAX ON
Dec/06/2011

True Decisions Inc.

An Independent Review Organization
2002 Guadalupe St, Ste A PMB 315
Austin, TX 78705
Phone: (512) 879-6332
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Physical Therapy 2 X wk X 4 wks

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

Pain Medicine

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

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 10/25/11, 11/21/11

Utilization review worksheet dated 10/20/11, 11/15/11

Initial evaluation dated 10/19/11

Plan of care dated 10/19/11, 11/14/11

Peer review dated 10/06/11

Reevaluation dated 11/14/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped on milk and hurt her left knee, foot and ankle. Peer review dated 10/06/11 indicates that diagnoses initially provided were traumatic arthritis and sprain. The mechanism of injury is

noted to support diagnoses of left knee contusion, left knee strain, left ankle contusion, left ankle sprain, and left foot sprain/strain. The reviewer noted that therapy is not recommended without a more specific diagnosis and follow up with ortho. There is no evidence in this case that any arthritic condition has resulted from this injury as traumatic arthritis cannot develop in a 5 week period. Initial evaluation dated 10/19/11 indicates that the patient has a history of left foot problems and in 2008 she fractured her first metatarsal and developed a neuroma. She underwent surgery to remove neuroma, remove sesamoid bone and scope ankle arthritis. In 03/2009 she had been out of her boot for 4 weeks when she fell again and fractured second and third metatarsals. On physical examination muscle testing is rated as 5/5 in left ankle dorsiflexion, eversion and inversion and -4/5 in left ankle plantar flexion. Left ankle range of motion is dorsiflexion 0, plantar flexion 45, eversion 15, inversion 30 and 1st MTP extension 75 degrees. Reevaluation dated 11/14/11 indicates that the patient has completed 2 sessions of physical therapy. Left knee range of motion is 0-116 degrees. Anterior and posterior drawer are negative. Strength is unchanged in the left ankle. Knee strength is rated as +4/5 extension and 4/5 flexion. Left ankle range of motion is unchanged.

Initial request for physical therapy 2 x wk x 4 wks was non-certified on 10/25/11 noting that there is a lack of documentation of illness and the need for PT in this case without the recommended ortho consult. The requesting provider reportedly agreed to postpone therapy until the patient sees the ortho that peer review suggested. The denial was upheld on appeal dated 11/21/11 noting that the patient has been authorized for 8 sessions of physical therapy to date. Current evidence based guidelines support up to 9 visits for the patient's diagnosis and there is no clear rationale provided to support exceeding this recommendation. There is no comprehensive assessment of the patient's objective, functional response to PT completed to date as there is a single plan of care dated 11/14/11 submitted for review when the patient completed only 2 of 8 sessions of therapy. The patient is noted to be working full duty. There is no indication that the patient has been seen by an orthopedic surgeon as recommended by peer review dated 10/06/11.

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

Based on the clinical information provided, the request for physical therapy 2 x wk x 4 wks is not recommended as medically necessary, and the two previous denials are upheld. The submitted records indicate that the patient has been authorized for 8 sessions of physical therapy to date. The Official Disability Guidelines support up to 9 visits for the patient's diagnosis. There are no exceptional factors of delayed recovery documented to support exceeding this recommendation. Per peer review dated 10/06/11, the patient was recommended for consult with an orthopedic surgeon; however, there is no indication that the patient has undergone orthopedic evaluation. Given the current, clinical data, the requested physical therapy is not indicated as medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES