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Notice of Independent Review Decision

DATE OF REVIEW: 01/31/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy three times a week for four weeks for the right ankle to consist of CPT codes 97110, 97140, and 97002

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Foot and Ankle Surgery
Fellowship Trained in Orthopedic Traumatology

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Physical therapy three times a week for four weeks for the right ankle to consist of CPT codes 97110, 97140, and 97002 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X-rays of the foot/ankle interpreted by an unknown provider (no name or signature was available) dated 01/28/10

Evaluations with M.D. dated 02/01/10, 02/15/10, 06/16/10, 07/07/10, 07/21/10, 08/23/10, 09/08/10, and 12/29/10

A physical therapy evaluation with P.T. dated 02/02/10

Physical therapy with an unknown therapist (signature was illegible) dated 02/18/10, 02/22/10, 02/25/10, 03/01/10, 03/03/10, 03/05/10, 03/08/10, 03/10/10, 03/12/10, 03/17/10, 03/18/10, 03/19/10, 03/22/10, 03/24/10, and 03/31/10

Progress notes from P.T. dated 03/10/10 and 03/24/10

Evaluations with P.A.-C. for Dr. dated 05/19/10, 06/02/10, 09/22/10, 10/06/10, 10/20/10, 11/17/10, and 12/13/10

A peer review from M.D. dated 07/26/10

A letter of non-certification for an MRI of the right ankle, according to the Official Disability Guidelines (ODG), from D.O. dated 09/02/10

A letter of reconsideration request from Dr. dated 09/03/10

An MRI of the ankle interpreted by M.D. dated 09/16/10

A peer review addendum from Dr. dated 09/26/10

Evaluations with D.O. dated 10/29/10, 11/19/10, and 12/27/10

A physical therapy evaluation with dated 11/08/10

Physical therapy with Ms. dated 11/16/10

Letters of non-certification for physical therapy, according to the ODG, from, M.D. dated 11/17/10 and 12/13/10

A prescription for physical therapy from Dr. dated 11/19/10

A carrier submission from at Law Offices of dated 01/21/11

The ODG Guidelines were provided by the insurance carrier/URA

PATIENT CLINICAL HISTORY [SUMMARY]:

X-rays of the right ankle/foot showed only moderate to severe soft tissue swelling. On 02/01/10, Dr. ordered Mobic, Hydrocodone/APAP, physical therapy, and an MRI of the leg/foot. Physical therapy was performed with the unknown therapist from 02/18/10 through 03/31/10 for a total of 15 sessions. On 05/19/10, Mr. referred the patient to a pain management specialist. On 06/16/10, Dr. performed a steroid injection. On 07/07/10, Dr. referred the patient to an orthopedic surgeon. On 07/21/10, Dr. recommended a Medrol Dosepak, Hydrocodone/APAP, and physical therapy. On 09/02/10, Dr. wrote a letter of non-certification for a right ankle MRI. Another ankle injection was performed by Dr. on 09/08/10. An MRI of the ankle interpreted by Dr. on 09/16/10 showed a

complete tear and scarring of the ATFL and CFL, moderate pes planus deformity, and minimal tibiotalar degenerative changes. On 10/29/10, Dr. recommended an ASO brace, a right ankle steroid injection, physical therapy, and Celebrex. Physical therapy was performed with Ms. on 11/16/10. On 11/17/10 and 12/13/10, Dr. wrote letters of non-certification for further physical therapy. On 11/19/10 and 12/27/10, Dr. recommended further physical therapy. On 12/29/10, Dr. prescribed Hydrocodone/APAP and Meloxicam.

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

I do not believe the requested physical therapy three times a week for four weeks is appropriate. The claimant appears to have sustained a simple ankle sprain with normal partial disruption of the lateral ligamentous complex that has been addressed with physical therapy initially without resolution. There is nothing in the literature or in the ODG that would support the any significant improvement can be obtained with professionally guided physical therapy 10 months after the date of injury for a minor lateral ankle sprain. While there is support that states individuals with an elevated BMI (and the body mass index in this case is over 35 with the patient being five foot, seven inches and over 225 pounds) would have a slower progression and resolution of the injury to the ankle, but this falls well outside those guidelines of greater than six months. Therefore, there is nothing to support that further physical therapy will provide any substantial improvement to the patient's current condition. Thus, the requested physical therapy three times a week for four weeks for the right ankle to consist of CPT codes 97110, 97140, and 97002 would not be reasonable or necessary and the previous adverse determinations should be upheld.

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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)