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DATE OF REVIEW: 01/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3 x Wk x 7 Wks, Feet (no CPT codes)

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

This case was reviewed by a Texas licensed MD, specializing in Preventive Medicine/Occupational Medicine. The physician advisor has the following additional qualifications, if applicable:

ABMS Preventive Medicine: Occupational Medicine

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Physical Therapy 3 x Wk x 7 Wks, Feet (no CPT codes)		-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	18	01/20/2011	01/20/2011
2	Impairment/Disability Rating Report	MD	6	10/25/2010	10/25/2010
3	Office Visit Report	MD	6	09/15/2010	11/02/2010
4	Initial Request		1	11/24/2010	11/24/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

Review of the records revealed that the claimant is a man with an occupational incident date of xx/xx/xx. The claimant has complaints of bilateral foot pain. The claimant reportedly fell 9 feet and landed on his feet. He

sustained calcaneal and talar fractures bilaterally. The claimant underwent ORIF of those fractures and subsequently attended post operative physical therapy. The claimant was seen by Dr. on 9/15/10 after attending 10 sessions of PT. The claimant reportedly still needed rail support to get into his home, but was walking several miles per day. On 10/1/10, the claimant had not returned to work because the limitations were too restrictive. Exam showed 80% of a normal squat and able to climb 5 rungs of a ladder. On 10/18/10, it is noted that a Designated Doctor exam had to be rescheduled. The claimant's wife was hesitant about return to work. On 10/25/10, the claimant was seen by MD for a designated doctor exam. Exam showed that the claimant ambulated freely and without disturbance of gait or station. Diagnosis was healed bilateral calcaneal fractures. Dr. placed the claimant at Maximum Medical Improvement with a 5% impairment rating. On 11/2/10, the claimant was requesting more physical therapy. He complained of inability to carry his 2 year old daughter because of instability. It is noted that an FCE on 7/19/10 recommended 10-20 more sessions of work conditioning. Additional therapy was requested. A request for 21 additional therapy sessions was denied on initial UR review and again on appeal. This is an IRO request for PT 3 x 7 weeks.

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

IRO recommend upholding the prior adverse determinations. The claimant has reportedly attended 50 sessions of post operative therapy as well as 2 weeks of work conditioning. 21 additional therapy sessions would be well in excess of ODG guideline recommendations. Even post replantation therapy would be expected to be 48 visits over 26 weeks and the claimant has already exceeded this amount. It is not reasonable to expect additional monitored therapy to be significantly helpful after 50 prior therapy sessions and 2 weeks of work conditioning. There is no reason to overturn the prior adverse determinations.

PT: 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](#).

Metatarsal stress fracture (ICD9 825):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

ODG Cross walk for ICD-9 825.0 (Fracture of Calcaneus, closed) PT recommends 21 sessions.

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
- AHCP- 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)**

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with 28 TAC §12.206(d)(19), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 01/26/2011.