

SENT VIA EMAIL OR FAX ON
Dec/22/2010

Applied Resolutions LLC

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (512) 772-1863
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT X 6 left ankle

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

Board Certified Orthopedic Surgeon

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)

3 sessions are medically necessary as recommended by the ODG

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Peer Review 11/15/10, 11/29/10

Dr. 10/11/10, 11/17/10

MD Rx 10/11/10, 10/12/10

Physical therapy record 10/12/10, 10/27/10 to 11/16/10, 11/11/10

Patient Summary Form 11/16/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male who reported a hyperextended injury to his left ankle and foot off the edge of a driveway on xx/xx/xx. A physician record of 10/11/10 noted the claimant with a four-month history of severe pain and swelling in the left ankle. Conservative care had included chiropractic care, use of a neuromuscular stimulator unit and icing with the claimant reporting an eighty percent improvement in symptoms. Review of a left ankle MRI performed on 08/31/10 showed a small osteochondral defect in the medial talar dome and extensor hallucis longus tendon with mild tendinopathy but without tear. Medication was prescribed and physical therapy was recommended.

The physical therapy records as of 11/16/10 noted the claimant had attended six out of twelve sessions of therapy. An 11/11/10 therapy re-evaluation noted the claimant still with pain pointing foot downward and a little pain with pulling his foot forward. It was also noted that the claimant had made good progress and demonstrated improved range of motion and strength but continued with some reports of pain. Partial goals were achieved. Limited motion was reported in plantar flexion and eversion as compared to the uninvolved side.

A follow up physician record dated 11/17/10 revealed the claimant fifty percent better with six treatments of therapy but noted the medical necessity to continue therapy to get him to one-hundred percent. Continued medication use and continued physical therapy was recommended.

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

Review of the records provided supports the claimant had an injury to the ankle xx/xx/xx. He was treated for an osteochondral defect and a sprain/strain with physical therapy, Lodine. Physical therapy noted the claimant was making good progress 11/11/10 and had partially met the goals. Dr. 11/17/10 felt the claimant was 50 percent better with six sessions of therapy and recommended additional physical therapy.

Based on review of the records provided, it appears the claimant in the past was treated with six sessions of physical therapy and six sessions of chiropractic. Official Disability Guidelines would allow for nine visits of therapy over eight weeks. Thus, three additional physical therapy sessions once a week for three weeks to instruct in a home exercise program as recommended by the ODG are medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Ankle and Foot : Physical therapy (PT)

Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist.

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.

Ankle/foot Sprain (ICD9 845):Medical treatment: 9 visits over 8 weeks

Enthesopathy of ankle and tarsus (ICD9 726.7):Medical treatment: 9 visits over 8 weeks

Fracture of ankle (ICD9 824):Medical treatment: 12 visits over 12 weeks

Crushing injury of ankle/foot (ICD9 928.2):Medical treatment: 12 visits over 12 weeks

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)