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**Notice of Independent Review Decision-Amended Report**

**DATE OF REVIEW:** 7-26-2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of six sessions right ankle physical therapy at Rehabilitation as requested by Dr..

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

**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)

The reviewer disagrees with the previous adverse determination regarding the six sessions right ankle physical therapy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

## **PATIENT CLINICAL HISTORY (SUMMARY):**

Worker was injured in a motor vehicle collision, sustaining multiple injuries including an open bimalleolar fracture of the right ankle, compound fracture of the right distal tibia, and fibula. The worker went to surgery for irrigation and debridement of the open right tibia fracture, closed treatment of the right distal tibia fracture involving the weight bearing articular surface and requiring manipulation, application of right ankle spanning external fixation, and negative pressure wound therapy to the right leg.

On July 14, 2010 surgery was performed for removal of the external fixation system under anesthesia, open treatment of the right tibial fracture with internal fixation of the tibia and fibula, and negative pressure wound therapy for the right ankle.

On the outpatient follow-up visit January 5, 2011 the worker remained non-weight bearing on the right lower extremity and was taking pain medications as prescribed. Ankle dorsiflexion was limited to neutral.

CT scan of the right ankle January 11, 2011 was reported to show appearance of complete bony union across the distal fibular fracture and bony union across portions of the distal tibial fracture. A sagittal oblique fracture plane extending from proximal lateral to medial distal tibia demonstrated nonunion across most of the fracture with some small areas of bony union in this fracture plane seen anteriorly and distally near the anterior fixation plate, more prominent bony nonunion seen at the posterior portion of the fracture. On the follow-up visit January 20 Dr. reviewed the CT results and recommended minimal activities (limited weight bearing, limited impact).

The worker received physical therapy in. After completing the initial course of therapy, ankle range of motion had improved but remained limited to 8 degrees of dorsiflexion, 19 degrees of eversion, 40 degrees of inversion, and normal plantar flexion. The gait remained antalgic but pain level had improved. He remained in the boot, with limited weight bearing as directed. Further therapy was requested.

The worker remained non-weight bearing until May 2011. After authorization was given to progress to full weight bearing, the worker was evaluated at Institute for rehabilitation in for continuing therapy. He was still wearing a walking boot. Right ankle dorsiflexion was limited to five degrees. Functional limitations were documented. Instructions were given for an independent home exercise program. A plan of care was submitted on May 25, 2011, identifying nine specific problems with specific treatment goals which were to be achieved by June 22, 2011.

The proposed therapy was denied. The denial was upheld on appeal. According to a document provided by the, the Physician Advisor had stated that "any consideration of further therapy will await the next office visit with the surgeon".

The next office visit with Dr. occurred June 16, 2011 when the worker reported feeling that he was regressing since the discontinuation of therapy over a month previously. Gait examination revealed external rotation positioning of the injured right leg relative to the left, appearing to be an attempted compensation for stiffness. Range of motion was neutral ankle dorsiflexion and 30 degrees of ankle plantar flexion. Subtalar motion

was 50 percent. The toes were stiff and dorsiflexion was just past neutral. X-rays revealed healed fractures. The joint appeared well-maintained. Dr. stated that profound ankle stiffness caused the inability to ambulate normally. "This is unlikely to improve without significant effort that is physical therapy... [the injured worker] is unlikely to ever return to work as a police officer if his ankle is not adequately rehabbed. He will never run or even walk normally without improving motion gained through physical therapy".

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

Based on the records submitted for review, the requested procedure is recommended at this time. According to the Official Disability Guidelines Preface regarding Physical Therapy Guidelines, Physical medicine treatment (including PT, OT and chiropractic care) should be an option when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations; the functional limitations are likely to respond to skilled physical medicine treatment (e.g., fusion of an ankle would result in loss of ROM but this loss would not respond to PT, though there may be PT needs for gait training, etc.); care is active and includes a home exercise program; & the patient is compliant with care and makes significant functional gains with treatment.

Functional gains were indeed documented upon completion of authorized therapy sessions in but limitations persisted. As documented in the therapy notes, a home exercise program had been part of the rehabilitation program from the beginning.

Although further physical therapy was requested after permission was given to advance toward full weight bearing on the right lower extremity, no further therapy was authorized or delivered. On June 16, 2011 (after further therapy was twice denied) Dr. documented persistent functional impairment, impaired range of motion, and pain. He asserted that physical therapy was required for successful treatment of the identified problems and that the injured worker "will never run or even walk normally without improving motion gained through physical therapy."

In summary, based upon the ODG guidelines cited above and the information provided subsequent to the reviews performed June 3 and June 6, 2011, the proposed treatment should be an option, as there is "evidence of a musculoskeletal or neurologic condition that is associated with functional limitations; the functional limitations are likely to respond to skilled physical medicine treatment, the proposed program of care is active and includes a home exercise program; and the patient is compliant with care and makes significant functional gains with treatment". However, in accordance with the ODG guidelines, it is assumed that compliance and response to therapy will be monitored during the course of such therapy.

**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)**