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Notice of Independent Review Decision

DATE OF REVIEW: 03/22/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: PT 2-3 x 4, Left foot
97110, 97035, 97012, G0283, 97140

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 08/12/10 - Clinical Note - MD
2. 08/18/10 - Operative Report
3. 08/26/10 - Clinical Note - MD
4. 09/07/10 - Clinical Note - MD
5. 09/14/10 - Clinical Note - MD
6. 09/20/10 - Clinical Note - MD
7. 09/28/10 - Clinical Note - MD
8. 09/30/10 - Clinical Note - MD
9. 10/11/10 - Clinical Note - MD
10. 10/18/10 - Utilization Review
11. 10/25/10 - Clinical Note - MD
12. 11/08/10 - Clinical Note - MD
13. 11/23/10 - Clinical Note - MD
14. 12/21/10 - Clinical Note - MD
15. 01/11/11 - Clinical Note - MD

16.01/20/11 - Utilization Review
17.01/22/11 - Physical Therapy Note
18.01/31/11 - Letter - MD
19.02/25/11 - Utilization Review
20.02/22/11 - Clinical Note - MD
21.02/28/11 - Clinical Note - MD
22. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female with complaints of left ankle pain following a work injury.

The employee underwent open reduction and internal fixation of the second tarsometatarsal joint, first tarsometatarsal joint, and intertarsal joint between medial cuneiform and middle cuneiform on 08/18/10.

The employee saw Dr. on 09/20/10. Physical examination revealed a well-healing incision without tenderness. There was no streaking or redness to the wound or foot. There was no drainage. The employee was continued on non-weight bearing status.

The employee saw Dr. on 10/25/10. The employee had been going to physical therapy three times a week and stated it had been helpful. A physical examination was not performed. The employee was advised to follow-up in two weeks.

The employee was seen for follow-up on 12/21/10. Physical examination revealed moderate swelling in the lower leg, ankle, and foot. There was no frank redness, but there was a red splotch on the medial skin. There was tenderness on the dorsal incision. Strength was mildly decreased with dorsiflexion, plantar flexion, inversion, and eversion. Ankle range of motion was decreased in all planes due to edema. There was tingling in the toe with light touch. The employee was recommended for physical therapy and lymphedema therapy.

The employee saw Dr. on 01/11/11. Physical examination revealed improved stability. There was decreased tenderness and decreased swelling. The employee was returned to work with restrictions.

The request for PT 3x4 left ankle, voluntary agreed to modify request with no electrical stimulation was denied by utilization review on 01/20/11 as the employee had attended an extensive course of postoperative therapy and should be well versed in a home program. There was no evidence of significant progress with recent therapy to justify continuing the same treatment.

A physical therapy note dated 01/22/11 stated the employee had received a total of thirty-five treatments, consisting of mobilization, myofascial release, electrical stimulation, ultrasound at the foot, exercise, and a home program. The employee reported 70%-80% improvement. The employee rated her current pain at 2 out of 10.

The employee demonstrated mild limitation with walking and stairs. Range of motion of the left ankle revealed dorsiflexion of 15 degrees, plantar flexion of 45 degrees, inversion to 35 degrees, and eversion to 85 degrees. When compared to range of motion measurements from 12/22/10, there was no change. There was tenderness to palpation to the medial arch, the Lisfranc joint, the mid foot area, and the left ankle. The note stated the employee had not met any of her goals. The employee was recommended for twelve additional sessions of physical therapy.

The request for PT 3x4 left ankle, voluntary agreed to modify request with no electrical stimulation was denied by utilization review on 02/15/11 as the employee was six months post surgery and had received a significant amount of therapy. There was no specific evidence why this claimant could not be working on an aggressive home exercise program, to include increased range of motion, ice baths, deep massage, and strengthening. As the therapy records provided do not document significant improvement over time, the requested physical therapy was not medically necessary.

The employee saw Dr. on 02/22/11. The note stated the employee had been improving with physical therapy, but had begun to go backwards since physical therapy was unapproved. The employee complained of loss of motion of the toes and persistent swelling and pain. Physical examination revealed tenderness about the mid foot. There was no gross instability noted. There was decreased dorsiflexion and plantar flexion of the metatarsophalangeal joints. Radiographs demonstrated slight widening with no gross collapse noted of the joint. There was some rotation of the cuneiform. The employee was assessed with status post Lisfranc injury. The employee was recommended for continued physical therapy.

The employee saw Dr. on 02/28/11. The note stated physical examination was not unstable. The employee stated her arc was beginning to fatigue and becoming at risk for developing instability. The employee was recommended for continued physical therapy.

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

The request for physical therapy 2-3 x4, left foot is not recommended as medically necessary. The employee has undergone 35 physical therapy sessions and, per the physical therapy note provided for review, the employee has not made any progress with her deficits. Range of motion comparison shows no changes. Current evidence-based guidelines recommend that there be progress with physical therapy in order to warrant continuation of therapy. Given the lack of demonstrated efficacy of physical therapy at this point in time and given that the employee has exceeded the amount of physical therapy recommended for the injury sustained, continuation of therapy as requested would not be considered medically necessary.

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

Official Disability Guidelines, Online Version, Ankle and Foot Chapter

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](#).

Fracture of one or more phalanges of foot (ICD9 826):

Medical treatment: 12 visits over 12 weeks

Postsurgical treatment: 12 visits over 12 weeks