Notice of Independent Review Decision-WCN

CLAIMS EVAL REVIEWER REPORT - WC

CLAIMS EVAL

Utilization Review and Peer Review Services

DATE OF REVIEW: 5-17-11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 2 x week x 6 weeks LLE, 97010, 97014, 97035, 97110, 97140, 97124, 97530, 97116

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

American Board of Podiatric Surgery

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 2-21-11 MD., office visit.
- 3-22-11 DPM., office visit.
- Physical therapy initial evaluation on 4-5-11.
- 4-11-11 MD., performed a Utilization Review.
- 4-29-11 DPM., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

2-21-11 MD., the claimant is a who was injured on xx/xx/xx. The claimant reported he was getting on the truck of the third step and he tripped injuring his left foot. The claimant reported he has not been able to wear his regular shoes without his foot being curled at the MTP joints. She has tired several different shoes but has the same problem. He reports no pain or tenderness in his foot. On exam, the claimant's foot shows no deformity, no ecchymosis, no erythema, no foot swelling, and no foot tenderness. Range of motion range of motion, normal gait. Normal light touch sensation, foot sensation intact. Achilles intact. X-rays do not seem necessary at this time. Assessment: MTP sprain, toe sprain. Plan: Regular activity not released from care. The claimant is referred to podiatry for evaluation.

3-22-11 DPM., the claimant is a very pleasant Hispanic male who is here for evaluation of his left foot. The patient states that his left foot pain and discomfort began

when he was stepping off of a ladder. Injury happened in xx/xxxx and two to three months later is when he felt the discomfort. He states that there is not lot of pain. He just states he "walks crooked" and he is just concerned about this. On exam, the patient is neurovascularly intact to bilateral feet. The patient has a flat foot deformity and during the gait analysis, she could tell that he does collapse on the medial column, but otherwise the clinical examination appears to be normal. There is no surrounding erythema. No pain on palpation. No ecchymosis. Radiographs taken today are three views weightbearing of his left foot. AP and lateral view did not show fractures or dislocations. Diagnosis: Sprain/strain foot by trauma, joint derangement of foot/ankle, joint pain foot/ankle and tendinitis of the foot, NOS. Recommendations: Nature of the deformity was explained at length to the patient. At this point, believe that he may benefit from some custom orthosis and little bit of therapy, otherwise he will be recovering just fine. He will return to work as of 03/22/11 without restrictions.

Physical therapy initial evaluation on 4-5-11. It was recommended the claimant participate in physical therapy 2 x 4.

4-11-11 MD., performed a Utilization Review. This patient sustained an injury in the left foot/ankle on xx/xx/xx. The Physical Therapy Initial Evaluation dated 04/05/11 noted the patient to have minimal to no foot or ankle pain at rest. The patient is reported to have some difficulty with ambulation including stairs and some loss of the arch in stance phase. Limitation in range of motion of the left foot and ankle was also noted. The most recent clinical assessment show the patient to have deficits mostly involving his gait. This is a request for Physical Therapy twice a week for six weeks for the left lower extremity. The requested number of visits for Physical Therapy is in excess of the guideline recommendations. The medical records do not document exceptional indications and factors that would warrant going beyond the guidelines and necessitating the excess number of visits. The medical necessity of the requested service is not substantiated at this time. Determination: This request is not certified.

4-29-11 DPM., performed a Utilization Review. This is a review for the medical necessity of an appeal for Physical Therapy of two times a week for six weeks to the left lower extremity. The patient sustained injury to his left foot when he tripped xx/xx/xx. The patient was last seen on 04/05/11 and complained of pain in the left foot. There is mild swelling of the foot. The goals for this request are provided. The medical records did not mention whether the patient has previously undergone a trial of Physical Therapy. The patient should have first attended a trial of six initial visits after which the patient shall be evaluated to determine the need for more Physical Therapy visits. Without additional clinical documentation to support the request, certification is not substantiated at this time. Determination: Non-Certified

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

BASED ON THE RECORDS PROVIDED, THE MEDICAL NECESSITY OF THIS REQUEST IS NOT WARRANTED. OTHER CONSERVATIVE TREATMENT HAS NOT BEEN EXHAUSTED AT THIS POINT IN THE CARE OF THIS PATIENT. THEREFORE, THE REQUEST FOR PHYSICAL THERAPY 2 X WEEK X 6 WEEKS

LLE, 97010, 97014, 97035, 97110, 97140, 97124, 97530, 97116 IS NOT REASONABLE OR MEDICALLY INDICATED.

ODG-TWC, last update 4-7-11 Occupational Disorders of the Foot and ankle – Physical therapy: 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. See also specific physical therapy modalities by name. (Colorado, 2001) (Aldridge, 2004) This RCT supports early motion (progressing to full weightbearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and nonsurgically treated patients with Achilles tendon ruptures. (Twaddle, 2007) After ankle fracture surgical fixation, commencing exercise in a removable brace or splint significantly improved activity limitation but also led to a higher rate of adverse events. Because of the potential increased risk, the patient's ability to comply with this treatment regimen is essential. (Lin, 2009)
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.
Ankle/foot Sprain (ICD9 845):
Medical treatment: 9 visits over 8 weeks

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)**