

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: November 1, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

2 weeks/6 visits of Physical Therapy to the right ankle to include 97110 and 97112

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

M.D., Board Certified Physical Medicine and Rehabilitation

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines and Treatment Guidelines
Request for IRO dated 10/11/11
Request for IRO dated 10/04/11
Utilization review determination dated 09/27/11
Utilization review determination dated 10/11/11
Peer review report dated 10/07/11
Peer review report dated 09/26/11
Peer review dated 07/25/11
PT authorization form
Clinic note Dr. DPM dated 09/20/11, 08/30/11
Clinical records Dr. dated 09/15/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries to his right ankle on xx/xx/xx. He was diagnosed with ankle sprain and attended 6 sessions of physical therapy. He later had additional 5 sessions of physical therapy for total of 11 sessions. He has been under the care of DPM. He presented on 08/30/11 with complaints of pain located in dorsal aspect of right foot, right heel and right ankle. He has been treated with crutches, cam walker boot, physical therapy, compression bandage, stretching, ice, heat, elevation, and oral medications. He continues to have pain and swelling at end of day. MRI is reported to show bone marrow edema of tibia, talus, calcaneus and sprain of ATF ligament. He was seen in follow-up on 09/20/11. He is currently performing light duty work. He continues to have complaints of swelling at the end of the day. He is noted to have contusion of right ankle. His condition is slightly improved. He has second-degree eversion sprain of right ankle. Dr. performed the initial peer review on 09/26/11. Dr. notes the claimant has received 11 visits of physical therapy, and additional supervised physical therapy would exceed recommended number of visits for this condition per the ODG guidelines. She notes the claimant should be independent with regular home exercise program. Dr. reviewed a subsequent appeal request on 10/07/11. Dr. notes that the requested 2 weeks 6 visits of

physical therapy to right ankle is not medically necessary or appropriate. He notes some inconsistencies in the clinical record. He noted the claimant previously received 11 sessions of therapy. He noted physical therapy note dated 09/20/11 indicates the claimant has weakness in the right leg with difficulty squatting with no complaints of pain. He noted that ODG allows for 9 visits over 8 weeks and there is no clear rationale provided to support continuing to exceed this recommendation. There are no exceptional factors of delayed recovery documented. He further notes that ODG does not support utilization of CPT 97112 for claimant's diagnosis.

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

The reviewer finds there is not a medical necessity for 2 weeks/6 visits of Physical Therapy to the right ankle to include 97110 and 97112. This man sustained an ankle sprain as result of work related activity. He has already received 11 sessions to date and is noted to have some improvement. He continues to have reports of PM swelling which is consistent with diagnosis. The record does not provide any data to suggest extenuating circumstances for which to make recommendation for exception to ODG guidelines. As such, the request for 2 weeks/6 visits of Physical Therapy to the right ankle to include 97110 and 97112 is deemed not medically necessary, and the previous utilization review determinations are upheld.

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)