



Specialty Independent Review Organization

DATE OF REVIEW: 10/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 3x4 PT 97110, 97033, 97035, 97124, 97116, and 97140.

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. The 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 prospective medical necessity of 3x4 PT 97110, 97033, 97035, 97124, 97116, and 97140.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
DC

These records consist of the following (duplicate records are only listed from one source): Records reviewed from DC: WC Initial Exam report – 6/28/11, Report of Medical Findings – 6/29/11, and Office Notes – 6/30/11-9/14/11.

Records reviewed: LHL009 – 10/6/11; Denial Letters – 9/29/11 & 10/6/11; Orthopaedic Surgery Group Therapy Referral/ Therapy Center – 9/13/11, Office Notes – 9/9/11, and Initial Evaluation – 9/15/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee sustained an injury to the right ankle . Dr. saw the injured worker for evaluation and treatment. The worker complained of ankle pain at level 9/10. Listed physical findings included an anterior drawer sign and evidence of anterior talofibular ligament instability. X-rays were requested. Initial therapy modalities included cryotherapy and electrical stimulation. Therapy sessions continued through September 14, 2011. Documentation for 30 sessions was submitted for this review, although some of the treatment was applied to areas other than the right lower extremity.

On 09/09/2011 Dr. saw the injured worker for orthopedic follow-up because of continuing pain and stiffness in the right ankle. Recent MRI had shown bone contusion of the distal tibia and talus with a partial tear of the deltoid ligament and the posterior talofibular ligament. Dr. noted that the patient "states that he is still having pain and difficulty walking, despite the fairly benign findings. He has been receiving therapy with Dr.. He also was seen by Dr., who did some injections to the foot and ankle region". Examination of the right ankle revealed a flexion contracture of 10 degrees. The worker had difficulty walking. Dr. diagnosed 845.00 sprain of the ankle with bony contusion, partial tear of the ligaments with flexion contracture. He recommended referral to Dr. for evaluation.

Physical therapy was requested by Dr. and the injured worker was evaluated on 9/15/2011. The physical therapist documented problems with decreased right ankle active range of motion, weakness in the ankle and lower extremity, gait and balance deficits, and functional limitations. The worker used two crutches for ambulation. Therapy was recommended three times per week for four weeks. Proposed treatment included moist heat, ice application, ultrasound, electrical stimulation, joint mobilization techniques, manual therapy techniques, therapeutic exercises, and gait training activities. Treatment goals included 'Independent in HEP' (home exercise program).

The requested therapy sessions were non-authorized on September 29, 2011. The non-authorization was upheld on appeal October 6, 2011.

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

From the Official Disability Guidelines Preface, pertaining to physical therapy:

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline:

- (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency;
- (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended;

- (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program;
- (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end;
- (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); &
- (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

From the ODG Integrated Treatment/Disability Duration Guidelines, Ankle & Foot (Acute & Chronic) (updated 07/22/11), pertaining to 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. See also specific physical therapy modalities by name. This RCT supports early motion (progressing to full weight bearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and nonsurgically treated patients with Achilles tendon ruptures. 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.
- 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

According to the records submitted by Dr. the injured worker underwent approximately thirty sessions of therapy modalities, mostly passive modalities (heat application, cold application, electrical stimulation). After completion of therapy with Dr. Jimenez the patient had ongoing problems with the right ankle, with pain level 5/10 on the day of the last session. Problems with the right ankle were documented by Dr. on September 9 and by the physical therapist at the Orthopaedic Surgery Group on September 15. The worker had persistent ankle pain and swelling, decreased ankle active range of motion, weakness in the ankle and right lower extremity, gait and balance deficits, functional limitations, and was walking with crutches. Note: an ankle flexion contracture of 10 degrees is sufficient for a whole person impairment rating of 6 percent.

Although Dr. records are not available for this review, the physical therapy evaluation mentions that Dr. had recommended physical therapy for treatment of the identified problems. The proposed program of therapy requested by Dr. includes active therapy. Although the requested number of treatments exceeds the recommendations in the ODG guidelines pertaining to diagnosis code 845, the tightness of the calf muscles and the ankle flexion contracture are comorbidities which may reasonably justify the three extra treatment sessions requested; therefore the requested treatment is medically necessary.

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)**