



MedHealth Review, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: 9/19/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of physical therapy 2x/week times 3 weeks to the left foot (97035, 97110, 97112 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 agrees with the previous adverse determination regarding the prospective medical necessity of physical therapy 2x/week times 3 weeks to the left foot (97035, 97110, 97112 and 97140).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed : 8/25/11 denial letter, 8/4/11 denial letter, 8/18/11 letter, 7/28/11 note, 5/17/11 to 7/14/11 therapy scripts, worksheet 6/8/11 to

7/28/11, 7/28/11 LE functional scale, PHQ 6/8/11 to 7/28/11, 6/8/11 initial foot eval, 6/8/11 form, 6/8/11 to 7/28/11 notes and 5/17/11 form.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained injuries on xx/xx/xxxx when she fell from a ladder. According to a questionnaire that she filled out July 28, 2011 the initial therapy included cast immobilization and subsequent application of a boot.

The treating doctor submitted a prescription for physical therapy and the worker was seen June 8, 2011 at Physical Therapy. A plan of care was formulated with specific treatment goals. A handwritten note in the treatment plan outline included the short term goal "to demo adherence to home instruction". Treatment continued three times weekly for four weeks. The listed injuries were foot sprain, sprain/strain of the talofibular ligament, foot contusion, localized edema, and difficulty walking. The worker stayed on the job with restrictions. According to the therapy note 6/23/2011 the gait had improved but the worker pulled the medial arch. On July 7 the pain had increased over the preceding holiday weekend because the worker was on her feet a lot.

After the treatment sessions July 28, 2011, a status report was submitted by the Therapy Group, documenting that the injured worker had completed 12/12 prescribed therapy visits. According to the note the injured worker demonstrated "improvement with function tolerance at work as well as with therapeutic exercise during physical therapy. The strength goal had been met but the pain level goal had not yet been met". Further therapy was recommended in order to continue to work on function, strengthening, ankle stabilization and pain level goals". An additional prescription had been received to continue the physical therapy twice weekly for three weeks, totaling six additional visits.

The requested additional therapy was non-authorized on August 4, 2011. On reconsideration, the requested additional therapy was again non-authorized.

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

According to the ODG Preface pertaining to physical therapy, 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... care is active and includes a home exercise program; & the patient is compliant with care and makes significant functional gains with treatment.

These criteria were met and a full physical therapy program was authorized. The care plan included an active program during the therapy sessions. The injured worker was compliant. Functional gains were documented on July 28, 2011, when the injured worker reported continuing improvement. A home exercise program was requested in the prescriptions for therapy and was addressed in the handwritten plan of care June 8, 2011, which mentioned the short term goal “to demo adherence to home instruction.” Subsequent records mentioned exercise instructions, although this may have pertained to therapeutic exercises performed during the treatment sessions. However, it is reasonable to assume that the prescribed home exercise program was actually in progress.

According to the ODG –TWC Integrated Treatment/Disability Duration Guidelines, Ankle & Foot (Acute & Chronic), updated 07/22/11, pertaining to Physical therapy (PT)

- 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 ODG Preface, when treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The injured worker received 12 treatments in approximately 7 weeks. The requested number of therapy sessions exceeds the ODG guidelines. There is no mention of any exceptional factors.

According to the records made available for this review, the injured worker completed a full course of ODG-recommended therapy. “Exceptional factors” or problems have not been reported. There is no evidence that problems have developed with the prescribed home program. It is reasonable to assume that the injured worker can continue the prescribed home exercise program while continuing to work, barring complications. Note that the ODG Preface contains provisions regarding the recommended time span of a therapy program: the time period should not restrict additional recommended treatments that come later, for example due to... necessary follow-up compliance with a home-based program. Therefore, based upon the records reviewed, the requested services are found to be not medically necessary at this time.

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)**