

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: August 3, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Physical Therapy 12 sessions / 3 times per week for 4 weeks

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. He sustained a bimalleolar fracture of the right ankle.

On xxxx, a progress note by PT noted the claimant had been in physical therapy since xxxx through xxxx and had a total of 37 visits. Treatment Diagnosis: Stiffness of joint not elsewhere classified involving ankle and foot, Pain in joint involving ankle and foot. Range of motion of the right ankle were documented as: Dorsiflexion: 8 degrees (50% improvement), Plantar flexion: 20 degrees (0% improvement), Inversion: 28 degrees (17% improvement), and Eversion: 16 degrees (0% improvement). Muscle strength of the right ankle was rated 4+ in all planes, except for plantar flexion were it was rated 3+. Problem List/Impairment: Balance, gait, muscle strength, pain and range of motion.

Functional Limitation: Performance in self-care ADL, impaired gait, performance in leisure activities, impaired locomotion, performance in work activities and limitations in community activities. Clinical Impression: Patient continues to present with signs and symptoms consistent with diagnosis; subjectively he reports overall feeling better with pain reducing down to a 1/10 occasionally 0/10. Patient continues to demonstrate significantly limited ROM and strength but has made some improvements since last progress note. Patient has progressed to ambulating without any assistive devices and increased weight bearing on RLE. Patient will benefit from continued skilled PT in order to further increase strength/stability as well as tolerance to functional activities including normal gait. Recommendation: Continue with 3 times per week for 4 weeks.

On xxxxx, MD performed an UR. Rationale for Denial: Attempts at peer to peer were unsuccessful. However, the patient has reached the amount of therapy normally suggested for this condition in the evidence-based guides with no documentation in the clinical records as to why the patient would need more than usual skilled therapy care. This is not to say that additional therapy is not needed, but only that it need not be administered through a skilled therapist, but rather through the active, independent home exercise program advocated by evidence-based guidelines. Also, further assessment may be reasonable to determine why the patient is not responding.

On xxxxx, DO performed an UR. Rationale for Denial: Attempts at peer to peer discussion were unsuccessful. The patient has completed 37 physical therapy visits to date. Current evidence based guidelines support up to 21 visits for the patient's diagnosis, and there is no clear rationale provided to support continuing to exceed this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

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

The previous adverse determinations are upheld. ODG recommends 21 therapy sessions over 16 weeks for a bimalleolar fracture. According to the extremely limited documentation provided, the claimant has already received 37 therapy sessions which is already in excess of what the ODG recommends. There were no physician reports provided or other information documenting exceptional factors that would delay the claimant's recovery and need for additional therapy. There is no indication that the home exercise program would not be sufficient enough at this time and after 37 sessions, the claimant should have already been directed in a self-directed home exercise program. Therefore, the request for

Additional Physical Therapy 12 sessions / 3 times per week for 4 weeks is not found to be medically necessary.

PER ODG:

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

Post-surgical treatment: 34 visits over 16 weeks

Enthesopathy of ankle and tarsus (ICD9 726.7):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Achilles bursitis or tendonitis (ICD9 726.71):

Medical treatment: 9 visits over 5 weeks

Achilles tendon rupture (727.67):

Post-surgical treatment: 48 visits over 16 weeks

Hallux valgus (ICD9 735.0):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Hallux varus (ICD9 735.1):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Hallux rigidus (ICD9 735.2):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Other hammer toe (ICD9 735.4):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Plantar Fasciitis (ICD9 728.71):

6 visits over 4 weeks

Fracture of tibia and fibula (ICD9 823)

Medical treatment: 30 visits over 12 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

Fracture of ankle (ICD9 824):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

Fracture of ankle, Bimalleolar (ICD9 824.4):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment (ORIF): 21 visits over 16 weeks

Post-surgical treatment (arthrodesis): 21 visits over 16 weeks

Fracture of ankle, Trimalleolar (ICD9 824.6):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

Metatarsal stress fracture (ICD9 825):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

Calcaneus fracture (ICD9 825.0):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

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

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 12 visits over 12 weeks

Closed dislocation of ankle (ICD9 837):

9 visits over 8 weeks

Amputation of toe (ICD9 895):

Post-replantation surgery: 20 visits over 12 weeks

Crushing injury of ankle/foot (ICD9 928.2):

Medical treatment: 12 visits over 12 weeks

Amputation of foot (ICD9 896):

Post-replantation surgery: 48 visits over 26 weeks

Crushing injury of ankle/foot (ICD9 928.2):

Medical treatment: 12 visits over 12 weeks

Arthritis (Arthropathy, unspecified) (ICD9 716.9)

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty/fusion, ankle: 24 visits over 10 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)