

IRO REVIEWER REPORT TEMPLATE -WC

ReviewTex. Inc.

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Notice of Independent Review Decision

Date notice sent to all parties:

December 11, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reconsideration: Deny nine sessions of physical therapy to the right ankle

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

Board Certified Anesthesiologist; Board Certified Pain Medicine

REVIEW OUTCOME:

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

X 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:

Cover sheet and working documents
Utilization review determination dated 11/20/12, 10/17/12
Follow up note dated 07/06/12
Progress note dated 08/20/12
Handwritten initial patient evaluation dated 09/05/12

Handwritten follow up note dated 09/26/12, 10/10/12, 10/31/12
Handwritten therapy evaluation dated 10/31/12
Preauthorization request form dated 10/16/12
Radiographic report dated 10/05/12
Handwritten re-evaluation dated 10/09/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female. On this date the patient slipped on ice twisting her left ankle, right knee and falling on her back. The patient was seen and diagnosed with sprain of right knee and leg, left tenosynovitis of foot and ankle, bilateral lumbar sprain and bilateral thoracic sprain. Note dated 08/20/12 states "there is not a whole lot to do", and the patient is considered at MMI. Therapy evaluation dated 10/31/12 indicates that the patient ambulates slowly with an antalgic gait. Right ankle dorsiflexion is 10 degrees, plantar flexion 15 degrees, inversion 10 degrees and eversion 15 degrees.

Initial request for nine sessions of physical therapy to the right ankle was non-certified on 10/17/12 noting that the requested PT x 9 visits 6 months post date of injury is not reasonable or necessary and well exceeds the ODG. The IW continues to remain off work and is ambulating with the aide of crutches. It is not likely that this IW would benefit from supervised PT as she is 6 months post date of injury and is still unable to ambulate without the use of assistive devices. The denial was upheld on appeal dated 11/20/12 noting that there is no recent documentation of range of motion or strength deficits to the ankle and no documentation of prior objectified improvement from previous aquatic therapy. Without documentation of current deficits of range of motion and strength, functional or vocational deficits, or improvement from prior therapy, the request for 9 visits of right ankle physical therapy is not medically supported. Peer review guidelines would support nine medical treatments of physical therapy over a period of eight weeks for ankle sprain and strain.

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

Based on the clinical information provided, the request for nine sessions of physical therapy to the right ankle at Alamo HealthCare Systems as requested by Dr. Lowry is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It is unclear how many sessions of physical therapy the patient has completed to date. Per progress note dated 08/20/12, "there is not a whole lot to do", and the patient is considered at MMI. There are no specific, time-limited

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treatment goals provided, and the patient's compliance with an ongoing home exercise program is not documented.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Ankle and Foot Chapter

Physical therapy (PT)	<p>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. (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) According to a Cochrane review, neuromuscular training is effective in treating chronic ankle instability. (de Vries, 2011)</p> <p><i>Active Treatment versus Passive Modalities:</i> In general, the use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530). See the Back Chapter for references.</p> <p>ODG Physical Therapy Guidelines –</p> <p>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.</p> <p>Ankle/foot Sprain (ICD9 845): Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 34 visits over 16 weeks</p> <p>Enthesopathy of ankle and tarsus (ICD9 726.7): Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 9 visits over 8 weeks</p> <p>Achilles bursitis or tendonitis (ICD9 726.71): Medical treatment: 9 visits over 5 weeks</p> <p>Achilles tendon rupture (727.67): Post-surgical treatment: 48 visits over 16 weeks</p> <p>Hallux valgus (ICD9 735.0): Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 9 visits over 8 weeks</p> <p>Hallux varus (ICD9 735.1): Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 9 visits over 8 weeks</p> <p>Hallux rigidus (ICD9 735.2): Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 9 visits over 8 weeks</p> <p>Other hammer toe (ICD9 735.4): Medical treatment: 9 visits over 8 weeks</p>
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	<p>Post-surgical treatment: 9 visits over 8 weeks</p> <p>Plantar Fasciitis (ICD9 728.71): 6 visits over 4 weeks</p> <p>Fracture of tibia and fibula (ICD9 823) Medical treatment: 30 visits over 12 weeks Post-surgical treatment (ORIF): 30 visits over 12 weeks</p> <p>Fracture of ankle (ICD9 824): Medical treatment: 12 visits over 12 weeks Post-surgical treatment: 21 visits over 16 weeks</p> <p>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</p> <p>Fracture of ankle, Trimalleolar (ICD9 824.6): Medical treatment: 12 visits over 12 weeks Post-surgical treatment: 21 visits over 16 weeks</p> <p>Metatarsal stress fracture (ICD9 825): Medical treatment: 12 visits over 12 weeks Post-surgical treatment: 21 visits over 16 weeks</p> <p>Calcaneus fracture (ICD9 825.0): Medical treatment: 12 visits over 12 weeks Post-surgical treatment: 21 visits over 16 weeks</p> <p>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</p> <p>Closed dislocation of ankle (ICD9 837): 9 visits over 8 weeks</p> <p>Amputation of toe (ICD9 895): Post-replantation surgery: 20 visits over 12 weeks</p> <p>Crushing injury of ankle/foot (ICD9 928.2): Medical treatment: 12 visits over 12 weeks</p> <p>Amputation of foot (ICD9 896): Post-replantation surgery: 48 visits over 26 weeks</p> <p>Crushing injury of ankle/foot (ICD9 928.2): Medical treatment: 12 visits over 12 weeks</p> <p>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</p> <p>Contusion of lower limb (ICD9 924) 6 visits over 3 weeks</p> <p>Crushing injury of lower limb (ICD9 928) Medical treatment: 12 visits over 12 weeks</p>
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