

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: December 23, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 additional sessions of passive modalities (physical therapy)

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

This physician is Board Certified Physical Medicine and Rehabilitation with over 15 years of experience.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

8-11-11: Emergency Center Physician Documentation from by
8-11-11: CT of left lower extremity interpreted by
8-11-11: X-rays left tibia/fibula interpreted by
8-11-11: X-rays left ankle interpreted by
8-11-11: X-rays left foot interpreted by
8-11-11: Consultation Documentation by
8-12-11: Operative Report by

8-15-11: Operative Report by
8-15-11: X-rays left foot interpreted by
8-15-11: X-rays left knee interpreted by
8-23-11: Initial Narrative Report by
8-23-11, 9-28-11, 9-30-11, 10-3-11, 10-5-11, 10-11-11, 10-13-11, 10-18-11, 10-20-11,
10-25-11, 10-27-11, 11-1-11, 11-3-11, 11-8-11, 11-10-11, 11-15-11, 12-1-11:
Chiropractic Progress Notes by
11-10-11: Request for Pre-Authorization by
11-16-11: UR performed by
11-21-11: Request for Reconsideration by
11-30-11: UR performed by

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured when a 2500 pound angle iron fell on his left foot. He underwent surgery and has completed 12 sessions of passive physical therapy.

8-11-11: Emergency Center Physician Documentation from by. The claimant was transported by ambulance after a 2500 pound angle iron fell on his left foot. He had normal sensory but could not move his toes or foot. Dilaudud was given, x-rays/CT scans performed and an ortho was consulted. He was diagnosed with fracture proximal 5th MT, navicular bone fracture and cuneiform fracture.

8-11-11: CT of left lower extremity interpreted by Impression: Fractures of the foot, including the proximal fifth metatarsal, medial anterior corner of the medial cuneiform, and the tarsal navicular.

8-11-11: X-rays left tibia/fibula interpreted by. Impression: 1. Midfoot fractures. 2. Normal tibia and fibula.

8-11-11: X-rays left ankle interpreted by. Impression: Navicular fracture as well as the proximal end of the fifth metatarsal.

8-11-11: X-rays left foot interpreted by. Impression: Fracture proximal end fifth metatarsal and the tarsal navicular.

8-11-11: Consultation Documentation by. On physical examination there was swelling of the left foot, no swelling noted over the lower leg. Positive tenderness to palpation over the dorsal foot. Pain with passive stretch of the big toe. Sensation intact to light touch distally. diagnosed left foot crush injury with left navicular fracture and fifth metatarsal base fracture. Plan was to admit to hospital by Orthopedics, frequent neurovascular checks were ordered because of concern for possible foot compartment syndrome, and recommendation for open reduction internal fixation of the left navicular in the morning.

8-12-11: Operative Report by. Postoperative diagnosis: Left foot compartment syndrome status post crush injury with a navicular fracture and midfoot subluxation. Operation: Left foot fasciotomies.

8-15-11: Operative Report by. Postoperative diagnosis: 1. Left navicular fracture. 2. Left midfoot subluxation. 3. Left fifth metatarsal base fracture. Operation: 1. Open reduction internal fixation of the left navicular fracture. 2. Closed reduction and percutaneous pinning of left midfoot. 3. Closed treatment of left fifth metatarsal base fracture. 4. Closure of fasciotomy wounds, left foot. 5. I&D to the level of the muscle left lower extremity fasciotomy wounds.

8-15-11: X-rays left foot interpreted by. Impression: Fracture proximal fifth.

8-15-11: X-rays left knee interpreted by. Impression: Normal left knee.

8-23-11: Initial Narrative Report by. It was reported the claimant was experiencing constant left foot pain rated 6-7/10 with medication and right knee "soreness" when the left foot was elevated. On examination he had decreased sensation at all the toes on the left. All other testing was not performed due to him being in a cast. Diagnosis: 1. Left navicular fracture. 2. Left medial cuneiform fracture. 3. Left 5th metatarsal fracture. 4. Paresthesia. Plan: The claimant was scheduled for a follow-up appointment with on September 1st, once cleared for treatment and his cast removed, he would begin conservation therapy. The program would include Diversified extremity adjustments at the left lower extremity and Diversified spinal adjustments to the lumbar spine. Therapy was expected to include the following: Paraffin Bath, Therapeutic Exercise, Neuromuscular Re-education, Manual therapy/Myofascial release, Strapping, Ultrasound, Hot/Cold Packs, and Electrical Stimulation.

11-10-11: Request for Pre-Authorization by. stated that the claimant's hard cast was replaced with a walking cast on 9/22/11 and recommended that he should not perform any weight bearing or range of motion activities with his left foot until after a follow-up examination. That follow-up examination was scheduled for 11/10/11, but was subsequently rescheduled by office for 12/15/11. Therefore, was requesting continuation of passive treatment to include Manual therapy/Myofascial release, Ultrasound, and Paraffin Bath.

11-16-11: UR performed by. Reason for Denial: The claimant has completed 12 sessions of passive physical therapy. The current request exceeds the ODG guidelines and are not recommended as medically necessary. The claimant should be able to substitute a warm water soak for the paraffin bath and a cold pack for the US (ultrasound) as part of a home regimen. There are no red-flags or compelling rationale to substantiate medical necessity of protracted passive modalities.

11-21-11: Request for Reconsideration by. added to the original request that the soft tissue of the left foot and ankle had shown significant improvement with that regimen,

and she believed that scar tissue mobility would continue to improve with further treatment.

11-30-11: UR performed by. Reason for Denial: The evidence based guidelines advises for home applications of hot or cold packs as needed. The claimant has already completed at least 12 visits of passive PT to date. The passive therapies currently being requested are not supported for this work injury by the evidence based guidelines. There is no evidence of objective functional improvements from the passive therapies already provided so far to date. No recent exams or evaluations have been submitted or provided with recent clinical findings present to support the current request. There is no evidence of restricted range of motion or functional deficits on a recent exam/evaluation to support the need for additional therapy. The current request is not consistent with the evidence based guidelines, ODG.

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

Denial of 10 additional passive modalities is upheld/agreed upon. Per ODG Preface: (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” (eg. palliative care) is not recommended.”

ODG:

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>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.</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</p>
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	<p>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 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 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>
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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)**