

SENT VIA EMAIL OR FAX ON
May/25/2012

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 3 X 4 Right Foot

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

PM&R and Pain Medicine

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 03/30/12, 02/28/12

Handwritten progress report dated 02/07/12

Office visit note dated 12/29/11, 02/28/12

Exercise flow sheet dated 01/06/12-02/03/12

Handwritten note dated 02/01/12, 01/30/12, 01/27/12, 01/25/12, 01/23/12, 01/19/12,

01/18/12, 01/16/12, 01/13/12, 01/06/12, 04/25/12, 03/27/12, 02/28/12, 12/29/11, 12/12/11

Handwritten orthopedic evaluation dated 01/06/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient sustained a pressure injection injury to the right foot. Note dated 12/29/11 indicates that the patient was taken urgently to the operating room for debridement and irrigation of his wounds on 10/10/11

with delayed primary closure at the time. His postoperative course was complicated by a small area of wound dehiscence that has since fully healed by secondary intentions with a healthy granulation tissue layer. Follow up note dated 02/28/12 indicates that the patient has been weight-bearing as tolerated for some time. The patient states he has been having difficulty with putting full weight on his right foot and continues to walk with a limp. On physical examination there is a well-healed wound about the dorsal lateral aspect of his right foot. He has a palpable scar tissue at the point of the pressure induration injury with sensitivity directly over the scar tissue. He has slight incline that is flexible at his 3rd, 4th and 5th toes. He is neurovascularly intact distally to sural, saphenous; superficial peroneal and deep peroneal nerve distributions with 2+ DP pulses, capillary refill at two seconds. The remainder of the physical therapy notes are handwritten and exceedingly difficult to interpret. The patient has completed 20 sessions of physical therapy to date.

Initial request for PT 3 x 4 was non-certified on 02/28/12 noting that the medical records submitted for review did not contain a recent patient assessment from the requesting physician. There is no mention of any oral pharmacotherapy to optimize the conservative treatment for the patient. With more than substantial number of therapy visits provided, the patient should have been fully progressed into an independent exercise program at this time. Furthermore, short and long term goals for the proposed additional treatment were not mentioned. The denial was upheld on appeal dated 03/30/12 noting that a recent report from the requesting physician was still not noted. Updated short term and long term goals of therapy that would determine endpoint of care were still not reported. Dr. did not have additional rationale for facility-based therapy.

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

Based on the clinical information provided, the request for PT 3 x 4 right foot is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 20 sessions of physical therapy to date. There is no comprehensive assessment of the patient's objective, functional response to therapy submitted for review to establish efficacy of treatment and support additional sessions. The patient's compliance with a structured, active home exercise program is not documented. There are no specific, time-limited treatment goals provided. There is no current, legible physical examination submitted for review. There is no mention of any oral pharmacotherapy to optimize the conservative treatment for the patient. 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 as recommended by the guidelines.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES