

# Clear Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/06/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

another 12 sessions of physical therapy

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

M.D., Board Certified Family Practice

**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**

ODG - PT

Request for IRO 02/07/12

Request for IRO 02/16/12

Utilization review determination 01/13/12

Utilization review determination 02/14/12

Clinical records 11/22/11 and 12/18/11

Clinical records 07/26/11-02/17/12

Physical therapy treatment records 01/04/12

Physical therapy evaluation 02/08/12

Laboratory studies various dates

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries to his foot on xx/xx/xx. He sustained fractures of the third fourth and fifth metatarsals. He is status post ORIF performed on 08/08/11. Records indicate the claimant has been followed by. The records indicate that the claimant has received 24 sessions of therapy. Most recent clinical notes note that his symptoms are improved he has new shoes orthotics are helping however he still reports swelling and pain by the end of the day and he cannot walk for long. The initial request for 12 additional sessions was reviewed on 01/13/12 by who non-certified the request noting that the claimant has had at least 24 approved sessions and it would be reasonable to transition to a home exercise program. He notes that the request for additional sessions appears excessive and exceeds the Official Disability Guidelines recommendation for the maximum number of sessions for this diagnosis. Subsequent appeal request was reviewed on 02/14/12 by who notes that the Official Disability Guidelines criteria in regard to formal physical therapy following ORIF is a total of 21 visits over 16 weeks. The claimant has already attended 24 sessions of therapy and is now greater than six months following the time of the operative procedure. He notes from the records available for review it is unclear as to why the claimant would not be able to transition to an aggressive home exercise program and why further formal therapy would be needed given he already exceeds

guidelines in both frequency and duration.

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

This man sustained multiple comminuted metatarsal fractures for which he was treated by ORIF. Post-operatively the claimant has had 24 sessions of physical therapy, which exceeds current evidence based recommendation of 21. Additionally the claimant is noted to have improvement. He has some limitations in walking tolerance, however ODG would recommend progressively decreasing work restrictions and a daily self directed home exercise program. Therefore, it is the opinion of the reviewer that another 12 sessions of physical therapy are not medically necessary.

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

ACOEM-AMERICA 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)