



14785 Preston Road, Suite 550 | Dallas, Texas 75254
 Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 3/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

8 SESSIONS (2 X PER WEEK) X 4 WEEKS PHYSICAL THERAPY
 FOR THE RIGHT ANKLE.

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

M.D. Board Certified in Physical medicine and Rehabilitation.

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

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	2/28/2012
Adverse Determination Letters	2/10/2012-2/23/2012
Request for Physical Therapy Visits Pre- Certification Requests	2/06/2012 2/06/2012-2/15/2012
Office Visit Note Referral and Letter of Medical Necessity	1/13/2012 1/31/2012



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PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant has a date of birth of xx/xx/xxxx. On 6/14/2011 she had an MRI that shows no bridging of the subtalar arthrodesis and diffuse osteopenia. On 6/22/2011 she had a subtalar fusion surgery. She did have one physical therapy visit after the fusion surgery and continued working. While at work on xx/xx/xx, she had an injury to the right ankle with increased pain and tightness of the Achilles ankle per the physical therapy report. Due to the 10/4/2011 injury, there is now a request for physical therapy 2 times per week for 4 weeks.

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

The ODG recommend physical therapy following an arthrodesis. There is no documentation that therapy was completed following the fusion surgery on 6/22/2011. Following that, there was an injury at work and no evidence that she had surgery. Therefore, the request for therapy (8 visits over 4 weeks) is appropriate and supported by the ODG ankle and foot guidelines.

ODG, Ankle and Foot Physical therapy. 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.



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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