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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

18 Sessions of Additional Left Ankle/Achilles and Left Hip Physical Therapy at 3 times a week for 6 weeks, up to 4 units per session

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

M.D., Board Certified Orthopedic surgery

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

Official Disability Guidelines
Office notes Dr. dated 09/22/10-03/08/12
Current list of medications dated 01/05/12
Letter Dr. dated 02/16/12
Physical therapy referral dated 03/08/12
Physical therapy handwritten progress sheet dated 03/23/12-04/16/12
Physical therapy progress note dated 03/23/12
Physical therapy referral dated 04/09/12
Letter MS, PT, ATC dated 04/18/12
Adverse determination letter dated 04/03/12
Adverse determination letter dated 04/16/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. Note dated 09/22/10 indicates that the patient sustained a rupture of his Achilles tendon in 1996 while working as a . He underwent reconstructive surgery with the repair being done with a portion of his flexor hallucis longus tendon. He had a lengthy period of immobilization, then therapy and a year later in 1997 he tore it again and underwent repeat surgery. Note dated 01/07/11 indicates that the patient did seek formal therapy consistently after last being seen. Note dated 01/05/12 indicates that the patient has been compliant with a home exercise program and also in a gym. Office visit note dated 03/08/12 indicates that the patient complains of residual stiffness, weakness and generalized atrophy. Secondary to his ankle symptoms he is now having IT band syndrome about the left knee with pain radiating along the lateral aspect of the thigh into the hip with some associated trochanteric bursitis. On physical examination the patient ambulates with a noted limp. Examination of the left ankle and foot reveals the skin to be intact without

ecchymosis or erythema. There is no significant swelling. He has limited range of motion primarily with inversion and eversion. Motor strength is fair. He has significant calf atrophy which is not new. The request for physical therapy was non-certified on 04/03/12 noting that the request for 18 sessions of supervised rehab 13-14 years out from the last surgery for chronic deficits is clearly in excess of ODG recommendations. There is a more than reasonable expectation of ongoing participation in home exercise program. The denial was upheld on appeal dated 04/16/12 noting that no additional medical records were provided for review. The claimant should be well versed in a home exercise program. Official Disability Guidelines would support 48 visits over 16 weeks after Achilles tendon repair. The clinician has not documented the clinical necessity for formal physical therapy versus a self-directed home exercise program. The claimant is already playing basketball and is involved in weight training.

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

The patient sustained a rupture of his Achilles tendon and underwent surgical repair x 2 in 1996 and 1997. The patient has subsequently undergone extensive physical therapy. The request for 18 additional supervised therapy visits 14-15 years after surgical intervention is excessive and not supported by the Official Disability Guidelines. The submitted records indicate that the patient is compliant with a home exercise program and also works out in a gym. The patient has completed sufficient formal therapy and as per ODG should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Based on the records provided and the evidence-based guidelines, the reviewer finds medical necessity has not been established for 18 Sessions of Additional Left Ankle/Achilles and Left Hip Physical Therapy at 3 times a week for 6 weeks, up to 4 units per session.

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 KNOWLEDGBASE

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)