Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 10/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
The item in dispute is the prospective medical necessity of additional physical therapy x 12.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is a Medical Doctor who is 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of additional physical therapy x 12.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
Records were received and reviewed from the following parties:
The Hartford and Physical Therapy of Liberty Venture Group

These records consist of the following (duplicate records are only listed from one source):
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PATIENT CLINICAL HISTORY [SUMMARY]:
According to available medical records, this worker was injured “while going down

stairs." According to the physical therapy note, the patient developed right ankle pain while going down stairs. An MRI scan of the right ankle performed on June 28, 2012 showed a partial tear of the posterior talofibular ligament at the talar attachment, minimal tears of the anterior talofibular and calcaneal fibular ligaments, small joint effusions, and a lateral soft tissue swelling. Records indicate that an order was provided for physical therapy three times a week for four weeks on July 2, 2012. The injured worker underwent an initial physical therapy evaluation. Mr. documented limitations of active dorsiflexion and plantar flexion, reduced ankle strength, and significant muscle guarding and spasm. The working diagnosis was ankle sprain. The plan was for the injured worker to receive physical therapy three times a week for four weeks.

The injured worker had 25 physical therapy sessions between July 3, 2012 and September 4, 2012. She was placed in a walking boot to immobilize the ankle and the last mention of the walking boot was August 8, 2012. She was in the boot for at least five weeks. Records also indicate that she received anti-inflammatory drugs, muscle relaxers, and pain medications. The physical therapy notes state that the injured worker was to receive a home exercise program and the earliest mention of the home exercise program was on July 11. The injured worker's evaluation reported on September 4 stated that plantar flexion was within normal limits, dorsiflexion was at 5°, inversion was 30° and eversion was 20°. A slow, guarded gait pattern was described and the therapist noted that there was increased pain with climbing stairs.

Continued physical therapy after the 25th visit was requested.

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

This worker reported the injury to her right ankle while descending stairs. An MRI of the right ankle showed partial tears of the talofibular, anterior talofibular, and calcaneal fibular ligaments. The worker was immobilized in a walking boot and received medications including anti-inflammatory drugs, muscle relaxers, and pain relievers. She had 25 physical therapy visits and according to the records available for review, a home exercise program was being developed beginning as early as her second physical therapy visit. She made progress in her physical therapy program, but continued to experience discomfort in the ankle area.

ODG Treatment Guidelines indicate that physical therapy guidelines for an ankle sprain are that the individual receive nine visits over eight weeks. As usual, it is recommended that home therapy program be developed and followed. There is no explanation in this medical record which would explain why this injured worker would require supervised formal therapy beyond what is recommended in the ODG Treatment Guidelines. The worker was treated with aggressive physical therapy, development of a home exercise program, multiple medications, and immobilization. This medical record contains no documentation of the medical necessity of additional physical therapy sessions.

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)**