



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 11/12/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT Right Ankle 12 Physical Therapy.

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
Department of Insurance Notice of Case Assignment	10/23/2013
Utilization Review Determination Appeal Reconsideration Determination	8/23/2013 10/15/2013
Decision Report Medical	8/22/2013
Preauthorization	10/16/2012-12/10/2012
Office Visit Notes	7/9/2013-9/12/2013

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who had a work related injury on xx/xx/xx. He stepped on a rock and twisted his ankle. He was diagnosed with calcaneofibular ligament ankle sprain and on 11/9/2012 he had a right foot posterior tibialis tendon transfer. He was improving with physical therapy but reached a plateau according to note. He has continued to experience pain. He has had 12 visits of physical therapy. After the Sept 12, 2013 PT note describing pain and limited improvement, there has not been a follow up visit with a physician.



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

Per ODG references the requested "PT Right Ankle 12 Physical Therapy" is not medically necessary. This request does not meet ODG guidelines.

This claimant is not currently progressing in PT. There has been no physician follow up to evaluate the reason for failure to progress with PT, no additional documentation supporting the need for the additional physical therapy in excess of guidelines treatment recommendations. For a foot sprain, 9 visits over 8 weeks of therapy are suggested. For surgical treatment 34 visits over 16 weeks are suggested. The claimant is more than 16 weeks past his surgery.

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 KNOWLEDGE BASE
- 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