

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Oct/30/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** PT 3 x 4 weeks right ankle

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for PT 3 x 4 weeks right ankle is not recommended as medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 08/30/13, 09/10/13  
Progress encounter dated 08/16/13, 08/15/13, 07/29/13, 08/12/13, 08/08/13, 08/05/13, 08/01/13, 07/31/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is xx/xx/xx. On this date the patient missed a step and fell. The patient is noted to be status post right ankle surgery on 02/28/13; however, no operative report is submitted for review. Re-evaluation dated 07/29/13 indicates that the patient's chief complaint is right ankle pain and stiffness. The patient's pain level is 2/10. On physical examination AROM is dorsiflexion 8/1, plantar flexion 42/50. There is decrease in hypersensitivity over the scar from surgery, reports tingling sensation across the top of the right forefoot. Strength is rated as 3+/5 to 4-/5. The most recent physical therapy progress note submitted for review is dated 08/16/13. This note reports that the patient has completed 35 physical therapy visits to date. Pain level remains 2/10.

Initial request for PT 3 x 4 weeks right ankle was non-certified on 08/30/13 noting that ODG would not support this specific request to be one of medical necessity. ODG would support an expectation for an ability to perform a proper nonsupervised rehabilitation regimen when an individual has received the amount of supervised rehabilitation services previously provided. The denial was upheld on appeal dated 09/10/13 noting that it is unclear what type of surgery was completed for the claimant; however, the maximum amount of physical therapy recommended by ODG for ankle procedures outside of amputation is 35 sessions. The claimant has completed the maximum amount of physical therapy recommended by guidelines and there is no updated physical exam on the most recent physical therapy report

to support any ongoing exceptional factors that would reasonably support ongoing active physical therapy vs. a home exercise program which is the recommended transition per guidelines. Given that the evaluation at 28 sessions demonstrated mild weakness and loss of range of motion, it is reasonable to expect that these mild factors would have been addressed by 35 sessions. Given the insufficient evidence of clearly exceptional factors to support additional physical therapy, medical necessity is not established at this time

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient underwent an unknown right ankle surgery on 02/28/13. There is no operative report submitted for review. The patient has completed 35 postoperative physical therapy visits to date. Ongoing physical therapy would exceed Official Disability Guidelines recommendations for postoperative treatment. There are no exceptional factors of delayed recovery documented to support exceeding guideline recommendations. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for PT 3 x 4 weeks right ankle is not recommended as 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)