



# MedHealth Review, Inc.

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## Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES:**11/6/13

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of 12 additional sessions of physical therapy.

**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. The reviewer has been practicing for greater than 10 years.

**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 disagrees with the previous adverse determination regarding the prospective medical necessity of 12 additional sessions of physical therapy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 9/11/13 preauth request, 7/1/13 to 8/23/13 PPE/ROM reports, 9/6/13 preauth request, 9/11/13 denial letter, 9/18/13 denial

letter, 6/24/13 to 7/22/13 follow up reports, and 4/22/13 to 4/25/13 operative reports.

all records were duplicative of those submitted.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant caught his toe which led to a left great toe amputation on 4/25/2013. He had post op physical therapy. Review of those notes indicates that ankle range of motion on the left remains limited as compared to the right. However there has been good improvement in range of motion from 7/29/2013 to 8/23/2019. Left ankle plantar flexion 15 degrees to 21 degrees, left ankle dorsiflexion 8 degrees to 13 degrees and inversion 10 degrees to 14 degrees. Pain was reduced by 50%. There is a request for 12 additional PT sessions to include 97110, 97530, 97112, and 97116.

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

This worker was involved in an injury that led to a toe amputation. The ODG guidelines discuss physical therapy following a toe amputation if there is a replantation surgery. This claimant did not have re-implantation. However on physical examination there is limitation in ankle range of motion which will limit his function. The ankle limitation was present after the amputation. There is also pain which can be consistent with an ankle strain. The medical treatment for an ankle foot sprain is 9 visits of physical therapy, and post-surgical treatment of an ankle sprain is 24 PT visits. The therapy for amputation of the toe is 20 visits. As the ODG does not directly address this situation, and the claimant continues to improve but has limitations in range of motion of the ankle which will lead to continued dysfunction, and the claimant is under the direction of a physician, the additional physical therapy sessions should be approved as medically necessary.

**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)