

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

[Date notice sent to all parties]:

04/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy (right foot)# of sessions not indicated

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- 1. 11/08/2012, 12/11/2012, 12/17/2012 and 01/03/2013; Physical therapy notes; unstated provider, Progressive Physical Therapy.**
- 2. 11/21/2012, 12/19/2012 and 01/11/2013; Clinical notes; MD.**
- 3. 01/23/2013, Correspondence with clinical summary, MD.**
- 4. 02/13/2013, Fax cover sheet with clinical information,**

Bone and Joint,.

5. **Unstated date due to poor copy quality, Prescription for physical therapy, Physical Therapy.**
6. **10/03/2012, Prescription for an MRI of the right foot, Bone and Joint.**
- 02/13/2013, Prescription for apparently therapy,
7. **Bone and Joint.**
8. **01/23/2013, Utilization Review Determination**
9. **02/22/2013, Utilization Review Determination**
10. **03/18/2013, Reconsideration/appeal of adverse determination.**

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a male with complaints of foot pain. On 11/08/2012, 12/17/2012 and 01/03/2013, he was seen at Physical Therapy. He states that his right foot pain continued during that time; and it was noted that during that time, he had attended 17 therapy sessions, missing 4. On 11/21/2012, he was seen back in clinic by MD for ongoing heel pain to the right lower extremity. He stated that he was initially making great progress with therapy; but then he had a flare up as his activity increased, and he noted throbbing pain over the origin of the plantar fascia. An MRI demonstrated thickening of the plantar fascia at its origin with an associated bone contusion that corresponded with his mechanism of injury. He was started on a Medrol Dosepak, and his medications were refilled, including Lyrica. He was to continue a boot until his symptoms subsided somewhat. On 12/19/2012, he returned to clinic with further evaluation by Dr. Dorsiflexion had improved to 25%, and plantar flexion strength was approximately 4/5 to 4+/5. He was improving with range of motion and strength. The plan was to transition him out of the boot and begin a work hardening program as well. On 01/11/2013, he was seen back in clinic by Dr. He continued to report right heel pain. Ankle dorsiflexion was improved to 20 degrees, and he had no tenderness over the "tendoachilles" area. He had symmetric inversion and eversion as well. A plantar fascial release was recommended given his limited walking tolerance. On 01/23/2013, an adverse determination was submitted for an outpatient right plantar fascial release. On 01/23/2013, a letter was submitted for consideration of the partial plantar fascial release by Dr. On 02/22/2013, a utilization review determination for physical therapy to the right foot, number of sessions not indicated, was determined to be not medically necessary, and an adverse determination was submitted. On 03/18/2013, a reconsideration and appeal of adverse determination was

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submitted for continued physical therapy to the right foot, number of sessions not indicated; and this was again an adverse determination.

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

The 02/22/2013 adverse determination indicated that the request was for physical therapy to the right foot, number of sessions not indicated. Determination rationale was that there was no medical necessity for additional physical therapy, and the specific number of sessions was not provided. Surgery had been recommended, but reportedly had been denied. The claimant had attended 18 sessions of physical therapy at that time and had a sufficient number of sessions for instruction in a home exercise program. Therefore, the request was non-certified. The redetermination on 03/18/2013 again determined that the requested physical therapy to the right foot, number of sessions not indicated, was not certified. The rationale was that there was not a specific number of physical therapy visits requested, and surgery had been recommended but non-certified. It was noted that the claimant had attended 18 physical therapy sessions to date, and this exceeded guideline recommendations. There was no indication as to why he had not been instructed in a home exercise program.

The records submitted for this review do indicate that as of 01/03/2013, this claimant had attended 17 physical therapy sessions and missed 4. There is no indication as to why he was not given a home exercise program at that time. Furthermore, it was indicated that surgery was contemplated. As such, the rationale for continued physical therapy with no specific number of visits requested has not been demonstrated by the additional records provided for this review. Therefore, the initial determination and the appeal determination are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Ankle/foot Sprain (ICD9 845):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 34 visits over 16 weeks

Enthesopathy of ankle and tarsus (ICD9 726.7):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Achilles bursitis or tendonitis (ICD9 726.71):

Medical treatment: 9 visits over 5 weeks

Achilles tendon rupture (727.67):

Post-surgical treatment: 48 visits over 16 weeks

Hallux valgus (ICD9 735.0):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Hallux varus (ICD9 735.1):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Hallux rigidus (ICD9 735.2):

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Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Other hammer toe (ICD9 735.4):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Plantar Fasciitis (ICD9 728.71):

6 visits over 4 weeks