

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jul/25/2013

**IRO CASE #:**

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

Physical Therapy 2-3 X 4

**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)

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.**

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

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 06/26/13, 07/03/13

Letter dated 07/12/13

Physical therapy plan of treatment and initial evaluation dated 05/09/13, 06/18/13, 12/06/12, 02/14/13, 03/21/13

Therapy note dated 05/13/13, 05/17/13, 05/22/13, 05/24/13, 05/31/13, 05/08/13, 05/01/13, 04/26/13, 04/22/13, 04/10/13, 12/10/12, 12/12/12, 02/19/13, 02/21/13, 02/22/13, 02/26/13, 02/28/13, 03/07/13, 03/08/13, 04/01/13, 04/04/13, 04/08/13

Consultation dated 04/24/13, 03/27/13, 01/07/13, 12/12/12, 11/14/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped on an acorn and rolled her ankle. She heard a pop and had immediate swelling. X-rays were done and showed a fracture. The patient was placed in a boot. Consultation dated 11/14/12 indicates that the patient's fracture is the equivalent of a high grade ankle sprain. The patient has completed at least 22 physical therapy visits to date. Physical therapy plan of treatment and initial evaluation dated 06/18/13 indicates that the patient is doing well overall and is able to walk without the boot or assistive device. She has been told that the bone is slow with healing and is still not quite healed. She understands the need for supportive shoes, but enjoys wearing stylish footwear. On physical examination AROM is dorsiflexion 6 degrees, plantar flexion within normal limits, inversion within normal limits, and eversion 23 degrees. Strength is 5/5 in all planes.

Initial request for physical therapy 2-3 x 4 was non-certified on 06/26/13 noting that the patient's physical examination is unchanged from 05/13/13 progress note to 06/18/13 note. Therefore, when considering the date of injury, the diagnosis offered, physical therapy completed and the last several physical examinations all essentially the same, there is no clear clinical indication for additional physical therapy at this time. The treating provider has not described the clinical necessity for ongoing formal physical therapy versus a self-directed home exercise program. The denial was upheld on appeal dated 07/03/13 noting that the peer reviewed guidelines would allow for 12 visits of physical therapy over a period of 12 weeks for fracture of the ankle. The claimant was diagnosed with a distal fibular fracture. The claimant was last noted to have functional range of motion and strength to the ankle. As of 06/18/13, there were no stated specific functional or vocational deficits, and the claimant was noted to have sufficient range of motion with 5/5 strength in all planes. Without specific functional or vocational deficits, additional formal physical therapy is not medically supported as the claimant should be capable of continuing an independent home-based exercise program.

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

The patient sustained injuries on xx/xx/xx and has completed 22 physical therapy visits to date. The Official Disability Guidelines support ongoing physical therapy only with evidence of objective functional improvement. The patient's physical examination is unchanged from progress note dated 05/13/13 to progress note dated 06/18/13. Therefore, it appears that the patient has plateaued in physical therapy. The patient is noted to have sufficient range of motion of the ankle and 5/5 strength in all planes. 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 physical therapy 2-3 x 4 is not recommended as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**