

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** May/03/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** physical therapy for the right ankle/foot 3 times a week for 4 weeks

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D. O. 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 physical therapy for the right ankle/foot 3 times a week for 4 weeks is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 04/03/13, 04/16/13

Request for reconsideration dated 04/03/13

Physical therapy evaluation dated 03/26/13

Update assessment dated 08/13/12

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is xx/xx/xx. The earliest record submitted for review is an update assessment dated 08/13/12. The patient was injured at work when she stepped back to avoid being struck by a vehicle in a parking lot, but she fell over the curb behind her. She injured and fractured her right ankle and foot. The patient had a hard cast which was removed in November 1999 and she had 4-6 weeks of physical rehab. She did not respond well to the therapy. The patient was subsequently diagnosed with RSD and underwent a series of lumbar sympathetic ganglion blocks in 2000. The patient underwent spinal cord stimulator implant on 02/14/01. On 03/30/01 the patient underwent right ankle arthroscopy with tarsi decompression, Marcaine pump, and trigger point injections in subtalar joint. The patient has been treated by a psychologist and a psychiatrist. The patient was noted to be performing the 12 visits of rehab in the right ankle and leg. Physical therapy evaluation dated 03/26/13 indicates that the patient complains of ongoing right ankle and foot pain. On physical examination the patient ambulates with a cane. There is tenderness of the right ankle at the medial and lateral aspect as well as the dorsal and plantar aspect of the foot. Range of motion is dorsiflexion 10, plantar flexion 15, inversion 10 and eversion 5 degrees. Strength is rated as 3+/5 in the right ankle.

Initial request for physical therapy to the right ankle foot 3 x week for 4 weeks was non-certified on 04/03/13 noting that the patient's symptoms are essentially the same symptoms that have been going on for many years. There is no indication in the medical records that the claimant had any significant recent acute injuries or there is no indication of anything that is recently occurred with flare up, the condition or cause a significant change in the claimant's condition. The claimant should be doing home exercise program. The denial was upheld on appeal dated 04/16/13 noting that the case was discussed with who was in agreement that is unusual for an injury of 1999 to present with continued pain in the foot and ankle. He was also in agreement that it is uncertain whether physical therapy would be beneficial at this time.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries in March 1999. The patient was unresponsive to an initial course of physical therapy in 1999. The patient subsequently completed 12 additional visits of physical therapy in 2012. There is no clear rationale provided to support another course of physical therapy at this time, over 14 years postdate of injury. There are no specific, time-limited treatment goals provided, and the patient's compliance with an active home exercise program is not documented. 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 physical therapy for the right ankle/foot 3 times a week for 4 weeks 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)