

Notice of Independent Review Decision

**September 3, 2013**

**IRO CASE #:**

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

Medical Necessity: Additional 18 Physical Therapy Sessions Right Foot

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. The physician has been in practice since 1998 and is licensed in Texas, Oklahoma, Minnesota and South Dakota.

**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 of the health care services in dispute.

*Upon independent review, I find the previous adverse determination should be upheld.*

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

Records Received: 16 page fax 08/13/13 Department of Insurance IRO request, 41 pages of documents received via fax on 08/13/13 URA response to disputed services including administrative and medical. 20 pages of documents received via fax on 8/22/13 Provider response to disputed services including administrative and medical. Dates of documents range from xx/xx/xx (DOI) to 08/13/13.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who injured his right foot on or about xx/xx/xx. Initially, he was diagnosed with partial plantar fascial tear. Appropriate initial course of

# The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-4443

nonoperative care was instituted including splinting, a walking boot, medications, and physical therapy. An MRI reportedly indicated thickening of the plantar fascia and an associated bone contusion. Physical therapy initially offered improvement in symptoms, but the patient continued with pain with weight-bearing activities. The patient also developed tarsal tunnel syndrome and ultimately underwent surgical release of the tarsal tunnel as well as partial release of the plantar fascia.

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

ODG guidelines are quite clear with regards to physical therapy for foot and ankle-related problems, particularly for enthesopathy of the ankle and tarsus, which would include plantar fasciitis. Nonoperative treatment is allowed, nine visits over eight weeks. Postsurgical treatment is also inclusive of nine weeks over eight weeks. Treatment beyond these levels is felt to be excessive.

Additionally, medical treatment for tarsal tunnel syndrome allows for ten visits over five weeks.

ODG -TWC

*ODG Treatment*

*Integrated Treatment/Disability Duration Guidelines*

**Ankle & Foot (Acute & Chronic)**

Surgery for tarsal tunnel syndrome	Recommended after conservative treatment for at least one month. Patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. When conservative therapy fails to alleviate the patient's symptoms, surgical intervention may be warranted since space-occupying masses require removal. Tarsal tunnel syndrome is caused by compression of the tibial nerve or its associated branches as it passes underneath the flexor retinaculum at the ankle level or distally. ( <a href="#">Gondring, 2003</a> ) ( <a href="#">Sammarco, 2003</a> )
Physical therapy (PT)	Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. See also specific physical therapy modalities by name. ( <a href="#">Colorado, 2001</a> ) ( <a href="#">Aldridge, 2004</a> ) This RCT supports early motion (progressing to full weightbearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and nonsurgically treated patients with Achilles tendon ruptures. ( <a href="#">Twaddle, 2007</a> ) After ankle fracture surgical fixation, commencing exercise in a removable brace or splint significantly improved activity limitation but also led to a higher rate of adverse events. Because of the potential increased risk, the patient's ability to comply with this treatment regimen is essential. ( <a href="#">Lin, 2009</a> ) According to a Cochrane review, neuromuscular training is

# The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-4443

effective in treating chronic ankle instability. ([de Vries, 2011](#))

*Active Treatment versus Passive Modalities:* In general, the use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530). See the [Back Chapter](#) for references.

## *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):**

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

### **Fracture of tibia and fibula (ICD9 823)**

Medical treatment: 30 visits over 12 weeks

Post-surgical treatment (ORIF): 30 visits over 12 weeks

### **Fracture of ankle (ICD9 824):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

### **Fracture of ankle, Bimalleolar (ICD9 824.4):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment (ORIF): 21 visits over 16 weeks

Post-surgical treatment (arthrodesis): 21 visits over 16 weeks

### **Fracture of ankle, Trimalleolar (ICD9 824.6):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

### **Metatarsal stress fracture (ICD9 825):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 21 visits over 16 weeks

### **Calcaneus fracture (ICD9 825.0):**

Medical treatment: 12 visits over 12 weeks

# The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-4443

	<p>Post-surgical treatment: 21 visits over 16 weeks  <b>Fracture of one or more phalanges of foot</b> (ICD9 826):          Medical treatment: 12 visits over 12 weeks          Post-surgical treatment: 12 visits over 12 weeks  <b>Closed dislocation of ankle</b> (ICD9 837):          9 visits over 8 weeks  <b>Amputation of toe</b> (ICD9 895):          Post-replantation surgery: 20 visits over 12 weeks  <b>Crushing injury of ankle/foot</b> (ICD9 928.2):          Medical treatment: 12 visits over 12 weeks  <b>Amputation of foot</b> (ICD9 896):          Post-replantation surgery: 48 visits over 26 weeks  <b>Crushing injury of ankle/foot</b> (ICD9 928.2):          Medical treatment: 12 visits over 12 weeks  <b>Arthritis (Arthropathy, unspecified)</b> (ICD9 716.9)          Medical treatment: 9 visits over 8 weeks          Post-injection treatment: 1-2 visits over 1 week          Post-surgical treatment, arthroplasty/fusion, ankle: 24 visits over 10 weeks  <b>Contusion of lower limb</b> (ICD9 924)          6 visits over 3 weeks  <b>Crushing injury of lower limb</b> (ICD9 928)          Medical treatment: 12 visits over 12 weeks  <b>Tarsal tunnel syndrome</b> (ICD9 355.5)          Medical treatment: 10 visits over 5 weeks</p>
Plantar fascia stretch	<p>Recommended. Some studies have found that stretching the plantar fascia was 75 percent successful in relieving pain and enabling patients to return to full activity within 3-6 months, and after doing the exercise, about 75 percent of patients needed no further treatment. To do the stretch, patients sit with one leg crossed over the other and stretch the arch of the foot by taking one hand and pulling the toes back toward the shin for a count of 10. The stretch needs to be repeated 10 times, and patients need to do at least three stretching sessions a day. (<a href="#">DiGiovanni, 2003</a>) (<a href="#">Digiovanni, 2006</a>)</p>
Plantar fasciitis	<p>See <a href="#">Accommodative modalities</a>; <a href="#">Botulinum toxin</a>; <a href="#">Causality</a> (determination); <a href="#">Corticosteroids</a> (topical); <a href="#">Dorsiflexion night splints</a>; <a href="#">Electron generating device</a>; <a href="#">Extracorporeal shock wave therapy</a> (ESWT); <a href="#">Heel pads</a>; <a href="#">Injections</a>; <a href="#">Insoles with magnetic foil</a>; <a href="#">Iontophoresis</a>; <a href="#">Laser therapy</a> (LLLT); <a href="#">Magnets</a>; <a href="#">Magnetic resonance imaging</a> (MRI); <a href="#">Mechanical treatment</a> (taping/orthoses); <a href="#">Night splints</a>; <a href="#">Orthotic devices</a>; <a href="#">Physical therapy</a> (PT); <a href="#">Plantar fascia stretch</a>; <a href="#">Radiography</a>; <a href="#">Stretching</a> (flexibility); <a href="#">Surgery for plantar fasciitis</a>; <a href="#">Taping</a>; <a href="#">Tension night splints</a> (TNS); <a href="#">Ultrasound, diagnostic</a>; <a href="#">Ultrasound, therapeutic</a>; &amp; <a href="#">Work</a>.</p>

# The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-4443

---

## 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)