

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038  
972.906.0603 972.906.0615 (fax)

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** DECMEBER 31, 2013

**IRO CASE #:**

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

Medical necessity of proposed 6 visits of Physical Therapy for the right ankle and right foot (97799 PT)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic Medicine and Orthopedic surgery and is engaged in the full time practice of 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	97799	PT	Prosp	6			Xx/xx/xx	xxxxx	Upheld

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

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 32 pages of records received to include but not limited to: letter 12.11.13; IRO request forms; report 10.28.13; records 8.29.13-10.29.13; letters 9.23.13, 10.28.13; 9.23.13; Outpatient record 10.10.13

Requestor records- a total of 18 pages of records received to include but not limited to: Notice of IRO assignment; letter 12.11.13; Outpatient Rehab records 7.15.13-10.10.13; report, 10.28.13; records 7.2.13-10.29.13

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is male, who sustained a work related injury to his right ankle and foot on xx/xx/xx.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The request for further physical therapy exceeds the recommended guidelines. Per the records, there has been some progress with the therapy. It can be reasonably anticipated that the patient could continue to progress with diligent participation in a well structured home exercise program. There was no information made available for review that would tend to suggest extenuating circumstances, which would require additional formal physical therapy. Therefore, the URA denial is upheld.

ODG

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. ([Colorado, 2001](#)) ([Aldridge, 2004](#)) 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. ([Twaddle, 2007](#)) 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. ([Lin, 2009](#)) According to a Cochrane review, neuromuscular training is 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 <low\\_back.htm>](#) 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 <./preface.htm>](#).

**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

Post-surgical treatment: 21 visits over 16 weeks

**Fracture of one or more phalanges of foot (ICD9 826):**

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 12 visits over 12 weeks

**Closed dislocation of ankle (ICD9 837):**

9 visits over 8 weeks

**Amputation of toe (ICD9 895):**

Post-replantation surgery: 20 visits over 12 weeks

**Crushing injury of ankle/foot (ICD9 928.2):**

Medical treatment: 12 visits over 12 weeks

**Amputation of foot (ICD9 896):**

Post-replantation surgery: 48 visits over 26 weeks

**Crushing injury of ankle/foot (ICD9 928.2):**

Medical treatment: 12 visits over 12 weeks

**Arthritis (Arthropathy, unspecified) (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

**Contusion of lower limb (ICD9 924)**

6 visits over 3 weeks

**Crushing injury of lower limb (ICD9 928)**

Medical treatment: 12 visits over 12 weeks

**Tarsal tunnel syndrome (ICD9 355.5)**

Medical treatment: 10 visits over 5 weeks

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES