

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3X4

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

Board Certified Family Practice

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization reviews dated 04/22/14, 05/19/14

Quick note dated 04/15/14

Designated doctor evaluation dated 08/08/13

MRI right knee dated 01/15/13

Handwritten note dated 04/09/14, 03/24/14

Office visit note dated 12/19/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. He stepped in a crevasse and inverted his ankle. He developed ankle pain. MRI of the right knee dated 01/15/13 revealed extensive medial meniscal tear and grade II sprain MCL. Designated doctor evaluation dated 08/08/13 indicates that diagnosis is right ankle and right knee sprain. Quick note dated 04/15/14 indicates that pain is rated as 5/10. Medications are hydrocodone and ibuprofen. On physical examination range of motion of the right ankle is dorsiflexion 8, plantar flexion 55, inversion 25 and eversion 13 degrees. Strength is 5/5 throughout with the exception of 4/5 plantar flexion. Anterior drawer, inversion stress, eversion stress and squeeze tests are negative.

Initial request for physical therapy 3 x 4 weeks was non-certified on 04/22/14 noting that the request is excessive. ODG notes that while recommendations for number of visits are guidelines and are not meant to be absolute caps for every case, ongoing PT when home exercise program is a reasonable objective as in this case is not meant to be an entitlement. The denial was upheld on appeal dated 05/19/14 noting that the patient has been certified for 6 physical therapy visits in December 2013. There are no therapy notes from these visits. It

is not clear if the patient has been authorized for more physical therapy.

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

The patient sustained a right ankle sprain on xx/xx/xx. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It is unclear how many sessions of physical therapy the patient has completed to date. The Official Disability Guidelines support up to 9 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient's compliance with an active home exercise program is not documented. As such, it is the opinion of the reviewer that the request for physical therapy 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:

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)