Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 29, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed physical therapy 1-2 X 4, left lower extremity (97110, 97140)

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 Physical Medicine and Rehabilitation 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:

XX 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
781.2	97110		Prosp	1			Xx/xx/xx	xxxxx	Upheld
781.2	97140		Prosp	1			Xx/xx/xx	xxxxx	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who injured her left ankle on xx/xx/xx, in a mechanism of injury that was not documented in the medical records provided for review. The injured employee underwent an unspecified left ankle surgery. The date of surgery was not documented. The injured employee attended 42 sessions of physical therapy.

A physical therapy re-evaluation was performed on July 23, 2014. Subjective complaints of left knee, calf, and ankle pain were reported. Popping of the right knee during ambulation was also reported. The objective examination revealed left ankle range of motion within functional limits. There was minimal weakness upon left knee extension and about the left ankle. Left toe flexion and extension were minimally weak. Swelling posterior to the left lateral malleolus was noted. There was tenderness and spasming of the left quadriceps. There was sensitivity to touch around the left medial tibia and distal patella. Continued left lower extremity strengthening and

range of motion treatment was recommended. Physical therapy one to two times a week, for four weeks, was recommended for the diagnoses of abnormality of gait, ankle and foot pain, malaise and fatigue, and post procedural status.

A utilization review was completed on July 29, 2014. The documentation did not objectively support the request for additional postoperative physical therapy, as there was no evidence that the injured employee was unable to complete rehabilitation with an independent home exercise program.

A reconsideration evaluation was completed on August 15, 2014. It was noted that the treating physician indicated the injured employee completed a course of postoperative physical therapy, had reached Maximum Medical Improvement, and the request for additional therapy was not recommended.

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.

RATIONALE:

As noted in the Division-mandated Official Disability Guidelines, up to 34 sessions of postoperative physical therapy would be recommended for ankle and foot sprains and up to 12 visits of physical therapy would be recommended for the treatment of ankle enthesopathy and sprains and strains of the knee. The medical records provided for review indicated that the injured employee attended 42 sessions of physical therapy. Any additional physical therapy would greatly exceed the Guideline recommendations. The most recent objective findings provided for review indicated that there was functional range of motion of the left ankle and only minimal weakness about the left ankle and knee. Failure of a home exercise program to address the current complaints was not noted. Due to these reasons, the request would not be supported.

ODG -TWC
Ankle & Foot (Acute & Chronic)
Ankle/foot Sprain (ICD-9 845):
Medical treatment: Nine visits over eight weeks
Post-surgical treatment: Thirty-four visits over sixteen weeks
Enthesopathy of ankle and tarsus (ICD-9 726.7):
Medical treatment: Nine visits over eight weeks
Post-surgical treatment: Nine visits over eight weeks

ODG -TWC
Knee & Leg (Acute & Chronic)
Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD-9 844; 844.2):
Medical treatment: Twelve visits over eight weeks

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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- XX 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)