



**MEDICAL EVALUATORS
OF T E X A S ASO,LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: August 4, 2015

IRO #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional active physical rehabilitation for the right ankle 3 times a week for 4 weeks, 97110, 97112, 97140

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

This case was reviewed by a physician who holds a board certification in Physical Medicine and Rehabilitation who is currently licensed and practicing in the state of Texas.

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)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx when she was stepping off the bus and twisted her right ankle. She had MRI of the right ankle on 05/14/2014 that showed complete tear of the anterior talofibular ligament and calcaneofibular ligament. The claimant underwent repair of the right lateral ankle ligaments using a modified Brostrom technique on 09/08/2014. The claimant has been treated with 34 sessions of post-operative physical therapy from November 2014 to May 2015.

Post-surgical physical therapy progress note dated 05/27/2015 indicates the claimant reported of right ankle pain when trying to wear heels. The claimant described the right ankle pain as constant, sharp and achy. The pain was aggravated by standing, walking, stairs, driving, and squatting. The pain was alleviated with medication and rest. On examination of the right ankle, the claimant had a well-healed surgical incision. There was tenderness in the right ankle joint at lateral aspect upon palpation. The range of motion



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showed dorsiflexion of 15 degrees, plantar flexion of 20 degrees, inversion of 15 degrees, and eversion of 10 degrees. The muscle strength showed plantar flexion and dorsiflexion of 4+/5, and inversion and eversion of 4/5. The claimant had deficits that included on-going right ankle pain, decreased right ankle ranges of motion, decreased right ankle strength, and decreased tolerance for squatting. The claimant was diagnosed with right ankle sprain with chronic instability. Additional physical therapy 3 times per week for 4 weeks was recommended.

Prior UR dated 06/04/2015 denied the request for additional active postop physical therapy for the right ankle 3 times a week for 4 weeks because the history and documentation do not objectively support the request for 12 additional physical therapy visits. The claimant has attended postop PT (24 Sessions of post-op PT from 11/2014 to 03/2015 with an additional 10 sessions of physical therapy from 04/06/2015 to 05/08/2015) for what should have been a sufficient number of visits per the ODG recommendations and there is no evidence that she remains unable to continue and complete her rehab with an independent home exercise program. There is no indication that continuation of supervised exercises is likely to provide her with significant or sustained benefit that she cannot achieve on her own.

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

The claimant is status post right ankle repair of the right lateral ankle ligaments on 09/08/2014. Postoperatively, the claimant has been treated with postoperative physical therapy which resulted in some improvement as documented by the 03/17/2015 post operative PT therapy note where the range of motion was recorded as 15° of dorsi and plantar flexion, 15° of inversion and 10° of eversion; the last therapy note noted 05/27/2015 showed only a mild improvement of 5° in plantar flexion (measured at 20°).

As per ODG, 34 visits over 16 weeks is recommended. The claimant has completed the recommended 34 sessions of postoperative physical therapy to date and as such, the request for an additional 12 sessions of postoperative physical therapy is not determined to be medically necessary based on the provided records. There is no clear indication as to why the claimant cannot be transitioned to a home exercise program following the 34 visits she has already received. There are no extenuating circumstances which would make the request for additional physical therapy medically necessary.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES



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Ankle & Foot (Acute & Chronic) – Accessed online on 08/03/2015

Physical therapy (PT)

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