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### Notice of Independent Review Decision

**DATE OF REVIEW:** August 12, 2015

**IRO CASE #:**

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

18 Physical Therapy 3 x Wk x 6 Wks, Right Ankle (97116, 97140, 97110), 06/15/15, 06/29/15 - 09/30/15, 10/02/15

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

The TMF physician reviewer is a board certified Orthopedic Surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

**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 or not medical necessity exists for each of the health care services in dispute.

It is determined that physical therapy to the right ankle (97116, 97140, 97110) 3 times per week for 6 weeks (18 sessions) from 06/15/15, 06/29/15 to 09/30/15, 10/02/15, is medically necessary to treat this patient's medical condition.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker sustained an open talar dislocation to the right ankle due to a motor vehicle accident on xx/xx/xx. Treatment includes external fixation with inpatient rehabilitation and home health therapy. Physical therapy

documentation shows that, following removal of the fixation, the patient received 18 outpatient physical therapy sessions at 3 times per week for 6 weeks for ankle pain, difficulty in walking and muscle disuse atrophy, ending 07/03/15. He is weight bearing as tolerated and is able to walk with an antalgic gait. The patient continues to report pain and stiffness in the ankle. X-rays from 07/21/15 are reported to show that the ankle is congruent and that there are some degenerative changes present. Continued physical therapy to the right ankle (97116, 97140, 97110) 3 times per week for an additional 6 weeks has been requested by the physician and denied by the carrier.

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

Physical therapy notes continue to demonstrate defects in ambulation due to limited range of motion of the ankle with limited dorsiflexion. The patient has defects with limited push-off strength and insufficient dorsiflexion of the ankle. He is unable to perform heel raises. The patient is unable to squat, and gait activities are not sufficient for regular job activities. He is employed in the oil field and is required to drive, but feels he will not be able to pass his commercial driver's license physical due to his inability to squat. The notes indicate the patient has progressed in physical therapy and continues to improve. Continued physical therapy to the right ankle 3 times per week for 6 additional weeks is medically necessary.

**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)**

**Disclaimer language:**

*NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES*

*With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*