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Date notice sent to all parties:

June 22, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: APPEAL

Physical Therapy 3xWkx6Wks left Foot, Left Ankle 97002 97110 97112 97140
Physical Therapy 3xWkx6Wks

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

Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date he sustained a crush injury to the left foot and ankle. The patient underwent open reduction and internal fixation of left bimalleolar ankle fracture on 11/24/14. Initial evaluation dated 03/26/15 indicates that the patient has had two surgeries to repair the ankle and foot and still has considerable swelling. On physical examination range of motion is dorsiflexion -20, plantar flexion 30, eversion -12 and inversion 12 degrees.

Initial request for request for physical therapy 3 x wk x 6 wks left foot, left ankle 97002, 97110, 97112, 97140 was non-certified on 04/01/15 noting that there was no clear documentation of significant objective functional improvement with the previous PT to justify further therapy sessions. The number of completed postoperative PT visits to date was not provided to verify if the requested PT sessions are within the guidelines recommendation for his left foot and ankle

condition. The denial was upheld on appeal dated 04/30/15 noting that the Official Disability Guidelines recommend up to 21 visits of postoperative physical therapy for ORIF of fracture of the ankle. The clinical information indicates the patient has completed previous physical therapy. There was no documentation with evidence of how many sessions have been completed to date.

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

Based on the clinical information provided, the request for physical therapy 3 x wk x 6 wks left foot, left ankle 97002, 97110, 97112, 97140 is not recommended as medically necessary. The patient underwent open reduction and internal fixation of left bimalleolar ankle fracture on 11/24/14. There is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. The number of postoperative physical therapy visits completed to date is not documented. The Official Disability Guidelines support up to 21 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 a home exercise program is not documented. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

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

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Ankle and Foot Chapter

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 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.

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):

Medical treatment: 6 visits over 4 weeks

Post-surgical treatment: 10 visits over 5 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 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

Post-surgical treatment: 10 visits over 5 weeks

Joint Disorders (ICD9 718)

Medical treatment: 9 visits over 8 weeks