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Date notice sent to all parties: 06/22/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Six sessions of physical therapy for the left ankle

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Orthopedic Foot and Ankle Surgery and Orthopedic Traumatology

REVIEW OUTCOME:

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

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

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

Six sessions of physical therapy for the left ankle - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

examined the patient on 01/27/15. She stated she was startled by the presence of a rat at work that caused her to jump. She had left foot pain at the bottom of her foot from the mid foot to the heel surface rated at 8/10. She was 4 feet 11 inches tall and weighed 132 pounds. She had moderate tenderness of the left heel and mid foot ventral surface without ecchymosis or swelling. She was able to partially bear weight, but ambulation aggravated her pain. Range of motion of

the foot was normal and x-rays revealed no fractures, but did demonstrate a small plantar heel spur. The diagnosis was a contusion of the heel. Naprosyn and Tramadol were prescribed and she was returned to modified duty. On 02/04/15, the patient had less pain, but had not received her Cam boot yet. She had less swelling and tenderness on exam, but she was not asymptomatic. She had a slight limp. An ortho shoe was recommended and modified duty was continued. She was also given samples of Pennsaid and Duexis. An injection of ceftatriazone was performed, as well. The patient informed on 02/11/15 that she had received her Cam boot the day before. She had pain rated at 4/10 in the left heel. She was able to ambulate normally with boot support, but had mild tenderness of the heel tissue surface. She was advised to wear the Cam boot for seven more days and modified duty was continued. The patient returned on 02/19/15 with left forefoot and hindfoot pain. She was tender over the calcaneal spur, arch of her foot, and navicular. She still had pain with walking and had not been wearing the Cam boot or taking medication due to an unspecified procedure she was having done. She noted the medication caused nausea. Her left ankle was tender, but not swollen. She was able to plantarflex and dorsiflex. She had plantar surface of the arch and navicular tenderness. She was unable to bear weight on the foot or walk on her toes. The diagnosis was a foot contusion. She was referred for physical therapy. examined the patient on 02/20/15. Her pain was rated at 9/10 in the left arch and foot. Dorsiflexion was within functional limits, as was plantarflexion. Inversion was 25 degrees and eversion was 20 degrees. Strength was 3+-4+/5 in the left ankle. She had tenderness over the heel and arch. She was also ambulating with decreased left heel strike and she was wearing a walking boot. Therapeutic exercises, neuromuscular reeducation, manual therapy, electrical stimulation, moist heat, ultrasound, and a home exercise program was recommended three times a week for two weeks. The patient received CPT codes 97110 and 97140 only on 03/05/15, 03/06/15, 03/09/15, 03/10/15, 03/12/12, and 03/17/15. examined the patient on 03/07/15. She noted with therapy, her heel had been doing a lot better. She noted she could not put her heel down without the boot. It was noted her gait was compensated. No recommendations were provided and modified duty was continued. reevaluated the patient in therapy on 03/17/15. She had completed her prescribed sessions and her pain was now 3-4/10. She continued with discomfort with her first few steps and she was still in the walking boot. Strength was grossly 4+/5, except for plantarflexion at 4/5. Range of motion was within functional limits. She had left arch tenderness and her gait was still antalgic, but improved. Continued therapy was recommended. On 03/31/15, a request for additional therapy three times a week for two weeks was provided. On 04/02/15, provided a non-authorization for the requested six sessions of therapy for the left ankle. wrote a letter of medical necessity on 04/06/15. She indicated the patient received therapeutic exercises, manual therapy, ultrasound, electrical stimulation, moist heat, and a home exercise program. She noted the patient obviously improved with therapy, but continued with difficulties with weightbearing. It was noted she was required to stand at work and walk for several hours and she was unable to do that at that time. reexamined the patient on 04/07/15. She noted therapy had helped her pain and mobility. She was ambulating much better and on exam, she had less

tenderness and swelling with improved weightbearing ability. Additional therapy was recommended three times a week for two weeks. Tylenol #3 was prescribed and modified duty was continued. On 04/20/15, provided another adverse determination for the requested six sessions of therapy for the left ankle. On 05/30/15, the patient was reevaluated. She had left heel pain rated at 3/10 and she had no swelling or discoloration. Her range of motion and weightbearing had returned. It was noted she injured her left thumb and heel on 01/16/15 and x-rays revealed a plantar heel spur. She returned to follow-up and reported she wanted to go back to work. She also wanted to be discharged because her work told her she had to go back to work or take permanent leave. She did request Tylenol #3. She was placed at MMI on that day with a 0% whole person impairment rating. She was also released to full duty status.

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

From a clinical standpoint, based on the medical documentation reviewed at this time, I would state that the patient has had substantial improvement with the therapy she has already received. In the 03/17/15 therapy reevaluation, she had improved pain and her range of motion was within functional limits. On 04/07/15, she was ambulating better and has less swelling with improved weightbearing. then evaluated the patient on 05/30/15 and noted she had no swelling on exam and her range of motion and weightbearing had returned. She was placed at MMI with a 0% whole person impairment rating. Furthermore, during the physical therapy sessions that she did complete, she should have received adequate instruction to continue these exercises on her own at home. Per the ODG, Ankle and Foot Chapter, for the diagnosis of a foot/ankle contusion, six sessions of therapy are recommended over three weeks. This patient has received six sessions based on the documentation reviewed with improvement. There is no objective documentation provided at this time, to support any further therapy beyond the recommendations of the ODG. Therefore, the requested six sessions of physical therapy for the left ankle is not appropriate or medically necessary and the previous adverse determinations should be upheld at this time.

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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**