Vanguard MedReview, Inc.

4604 Timken Trail
Fort Worth, TX 76137
P 817-751-1632
F 817-632-2619

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
97110 Therapeutic Exercise, 97140 Manual therapy techniques; each 15 minutes, 97150 THER PX GRP 2/> INDIVS

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This reviewer is a Board Certified Orthopedic Surgeon with over 42 years of experience.

REVIEW OUTCOME:

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

☒ 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 claimant is a female who was injured when she fell on while walking down the hall at her job.

02/11/2015: Progress Note by**:** Patient presents for a new patient visit She hurt the right ankle and knee and was to go to therapy however did not get it approved as work comp until recently. She also reports difficulty walking and occasionally and continued swelling, pain at the anterior tibial tubercle. The pain is described as sharp and gets worse with walking, bending, standing, and lying down. It is better with sitting. Severity is 5/10. She has previously been treated with NSAIDs. The NSAIDs medication was partially effective in relieving the pain. **Physical Examination:** Right Lower Extremity: HIP: Inspection/Palpation: no tenderness to palpation, full ROM, Knee: Inspection/Palpation: no tenderness, no effusion, no crepitance, full ROM, Stability: No valgus or varus instability present. Ankle: Inspection/Palpation: no tenderness, full ROM, Muscle tone: normal, no atrophy. Sensation: right lower extremity neurologically intact. Reflexes: patellar tendon reflex 2+, ankle reflex 2+. Left Lower Extremity: Hip: Inspection/Palpation: no tenderness to palpation, full ROM, Knee: Inspection/Palpation: no tenderness, no effusion, no crepitance, full ROM, Stability: no valgus or varus instability present. Ankle: Inspection/Palpation: no tenderness, full ROM, sensation: left lower extremity neurologically intact. Reflexes: patellar tendon reflex 2+, ankle reflex 2+. **Assessment:** Ankle Sprain **Plan:** Orders: MRI-ankle w/o contrast, Medical report Instructions: I have discussed a course of physical therapy with the patient and she agrees to proceed with that. We will do ankle MRI, rule out osteochondral lesion. Follow up after that.

03/18/2015: Progress Note**:** Patient returns having almost finished PT. Got worse with some of the exercises. MRI shows anterior talofibular tear, partial peroneus brevis tear and posterior impingement vs cyst. **Medications:** Ambien Oral tablet 5 mg: 1 tab oral once daily at bedtime for 30 days, Duexis oral tab 800-26.6 mg: 1 tab oral 3 times per day for 30 days, Flector transdermal patch 12 hour 1.3%: apply 1 patch to most painful area by transdermal route 2 times per day for 30 days, hydrocodone-acetaminophen oral tab 7.5-325mg: 1 tab oral every 6 hours as needed for pain for 30 days, Soma oral tab 350mg: take 1 tab (350 mg) by oral route 3 times per day and at bedtime for 30 days, zolpidem oral tab 10 mg: take 1 tab oral once a day at bedtime for 30 days. **Physical Examination:** Right Lower Extremity: HIP: Inspection/Palpation: no tenderness to palpation, full ROM, Knee: Inspection/Palpation: no tenderness, no effusion, no crepitance, full ROM, Stability: No valgus or varus instability present. Ankle: Inspection/Palpation: no tenderness, full ROM, Muscle tone: normal, no atrophy. Sensation: right lower extremity neurologically intact. Reflexes: patellar tendon reflex 2+, ankle reflex 2+. Left Lower Extremity: Hip: Inspection/Palpation: no tenderness to palpation, full ROM, Knee: Inspection/Palpation: no tenderness, no effusion, no crepitance, full ROM, Stability: no valgus or varus instability present. Ankle: Inspection/Palpation: no tenderness, full ROM, sensation: left lower extremity neurologically intact. Reflexes: patellar tendon reflex 2+, ankle reflex 2+. **Assessment:** Ankle Sprain **Plan:** Continue PT, MRI to rule out osteochondral lesion. Follow up after that, referring to for evaluation.

03/26/2015: Quick Note. **Subjective:** Patient reports ankle is feeling better with no episodes of pain during work activities. She had appointment with specialist for second opinion on 4/1/15 with. Denies any episodes of sharp pain. Symptoms described as weakness and pressure. **Objective:** Squat depth limited to 30°. **Assessment:** Patient continues to progress slowly with treatment and is limited with tnerex activities due to complaints of discomfort to R ankle. Patient attempted to perform squats to 30° and was able to complete 2 sets of 10 reps unable to complete a third set due to pain. Patient performed upright cycle today for 15 minutes with complaints of cramping to BLE post activity. **Plan:** Continue with plan of care.

04/14/2015: Initial Visit. **HPI:** comes today for evaluation. She injured her foot on. About 5 days later, she saw l, who treated her with a brace and then with therapy. Her treatment was then taken over by. She made only slow progress. She underwent MRI, which showed evidence of a peroneus brevis injury as well as a tear of the lateral ligamentous complex. **Physical Examination:** This patient has a warm foot. She has good pulses. She has tenderness over the anterolateral aspect of the ankle. She has good ROM, but a strongly positive anterior drawer sign. **Diagnosis:** Type 3 sprain of the right ankle. **Recommendations:** 1. Continuation of PT 3 times a week over the next 4 weeks. 2. If PT is unsuccessful, a Brostrom repair would be the next step. 3. Follow up in 1 month. Patient is working full time.

04/23/2015: UR. **Rationale for Denial**: The date of injury is listed as1. The request is for treatment in the form of 12 sessions of physical therapy services. It is documented that on the date of injury, the claimant sustained a trip and fall incident in the workplace. It is documented that previous treatment has included at least 12 sessions of supervised rehabilitation services. A medical document dated 4/14/15 indicated that objectively, there was tenderness to palpation over the anterior aspect of the affected ankle. It is documented that a past MRI of the affected body region revealed findings consistent with the presence of a longitudinal tear of the peroneus brevis tendon. Determination: This request is non-authorized.

05/21/2015: Quick Note. **Subjective:** Patient reports she did see and was referred for continued PT but it was denied. She then saw again and was given another therapy referral. She states she continues to feel fine at rest but is having problems with extensive walking or standing. This causes a burning type pain at the lateral ankle region. She also states she is continuing to have swelling episodes. She has had two episodes of instability into inversion that have occurred over the past 3 weeks. Patient reports symptoms are sore. **Objective:** AROM for the R ankle is as follows: DF- -8° with pain, PF- 53° with pain, Inv- 22° with pain, Ever- 7°. AROM for the L ankle is as follows: DF- -2°, PF- 70°, Inv- 40°, Ever- 14°. Tenderness to palpation at the ATF ligament region. Neg squeeze test. Positive inversion stress test. Positive drawer sign. Trace level antalgia. Squat goes to 45° and then she reports pressure at the R ant ankle. Strength is 4+/5 for all planes of movement. Single leg heel raise for max reps on the R is 10 with pain reported and the L is 17. SL balance is > 20 seconds bilaterally. **Assessment:** Patient is limited as compared to how she looked at her last re-eval on 4/10/15. It is unclear why her ROM, strength, and WB abilities

have regressed. Plus she has had two episodes of instability. **Plan:** Patient will continue with her home exercise program pending PT authorization.

06/10/2015: UR. Rationale for Denial: The patient has persistent ankle instability and has had physical therapy and bracing. There is persistent instability with a strongly positive anterior drawer sign. The patient should be able to transition to a home exercise program at this time and there is no documentation to indicate the patient could not. The request exceeds guidelines and is not medically necessary or appropriate.

07/21/2015: Progress Note. **HPI:** Patient has instability in her ankle. She has had 12 sessions of PT. This was abruptly interrupted because she had reached ODG. This was quite upsetting to her because she felt she made progress. **Physical Examination:** The patient has a warm foot and good pulses. She is wearing an ankle brace; however, removing the ankle brace, she has quite a bit of tenderness over the involved area and inversion of the ankle is very painful. She has a strongly positive anterior drawer sign. **Diagnosis:** Ankle Sprain, Other joint derangement, not elsewhere classified ankle and foot. **Recommendations:** 1. felt that she made progress with PT and wishes she could continue the PT before she even thinks about surgery because to her that is a last resort, which I agree with.

08/05/2015: Quick Note. **Subjective:** Patient was given therapy referral from, but is denied. She states she is now doing worse. She is now limited to walking < 2 blocks. If she walks or stands for > 10 minutes her lateral ankle becomes very painful. She is having pain at rest that can be sharp at times. She also states she is continuing to have swelling episodes. She has had three episodes of instability into inversion that have occurred over the past 2 months. She can no longer wear high heels. Overall, she is getting worse not better. **Objective:** AROM for the R ankle is as follows: DF- -8° with pain, PF- 46° with pain, Inv- 20° with pain, Ever- 12°. AROM for the L ankle is as follows: DF- -2° with pain, PF- 70° with pain, Inv- 40° with pain, Ever- 14° with pain. Major tenderness to palpation at the ATF ligament region. Neg squeeze test. Positive inversion stress test. Positive drawer sign. Trace level antalgia. Squat goes to 45° and then she reports pain at the R ant and lateral ankle. Strength is 4+/5 for all planes of movement. Single leg heel raise for max reps on the R is 0 secondary to pain reports and on the L is 17. SL balance is >20 seconds bilaterally. **Assessment:** Pt is worse as compared to how she looked at her last re-eval on 5/21/15. Her ROM, strength, and WB abilities have continued to regress. She has multiple concerning factors: now having pain at rest, now limited with ambulation ability/WB ability, 3 episodes of instability. **Plan:** Continue home exercise program pending PT authorization.

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

The previous adverse determinations are upheld. On this case, it appears that she did get some relief of her symptoms for a short time, but still has significant pain and instability. She has had an adequate trial of conservative care, and it is highly unlikely that another short program of fading treatments over a month or so would be successful. Therefore, I would have to agree with the denial of further formal physical therapy.

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

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)**