

Pure Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 02/18/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

PT 2-3 wk X 4 wks Rt Big Toe

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)

Patient Clinical History (Summary)

The patient is a male who reported an injury on XX/XX/XX. The mechanism of injury occurred while coming down a ladder. His current medications included lisinopril; dose and frequency were not provided. Surgical history was not provided in the medical records. Diagnostic studies were not provided in the medical records. Previous treatment included orthotics and physical therapy. A request has been submitted for PT 2 to 3 week x4 weeks right big toe. According to the physical therapy initial evaluation performed on XX/XX/XX, the patient reported flareups requiring axillary crutch. Functional limitations included prolonged ambulation and stepping. Physical examination revealed right toe dorsiflexion of 0 degrees compared to 10 degrees on the left. Right toe flexion and extension strength was noted to be 3+/5 versus 5/5 on the left. The tip of the right second digit had decreased sensation. The majority of the documentation was handwritten and illegible. According to a previous determination letter dated XX/XX/XX, the patient has already completed at least 10 sessions of physical therapy to date. A request has been submitted for PT 2 to 3 a week x4 weeks right big toe.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines state physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy in the condition of ankle/foot sprain at 9 visits over 8 weeks, and crushing injury of ankle/foot at 12 visits over 12 weeks. The documentation indicated the patient had completed at least 10 sessions of physical therapy to date. However, the documentation failed to provide objective functional gains made with previous therapy. Also, the request for an additional 8 to 12 sessions would further exceed the guideline recommendations. Exceptional factors would be needed to warrant additional therapy that exceeds the guidelines. A clear rationale was not reported as to why the patient was unable to continue with a home exercise program. Therefore, the request for PT 2 to 3 a week x4 weeks right big toe is non-certified and the previous

determination is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)