



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: **December 7, 2018**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy, XX x XX weeks, XX foot

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO
REVIEWED THE DECISION**

This case was reviewed by a board-certified Orthopedic Surgeon who is currently licensed and practicing in the State of Texas.

REVIEW OUTCOME

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

Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

XXXX. The claimant was diagnosed with XX fracture of XX XX bone, XX foot and XX of other ligament of XX ankle. The claimant underwent XX sessions of physical therapy from XXXX. The XXXX revealed the claimant was referred for physical therapy with signs and symptoms consistent with XX foot XX XX fracture and ankle XX. Objective tests and measurements revealed increased pain/TTP (XX to palpation), decreased ROM (range of motion)/flexibility, decreased strength/stability and impairment gait and mobility which has had a direct effect on daily functional activities such as standing/walking, ambulating uneven surfaces, squatting and stairs. The physical therapy XX times a week for XX weeks was recommended.

Encounter note by XXXX documented the claimant has been going to PT and overall doing well. The XX pain was XX than the XX pain. In XX XX and XX today. Objective findings on exam of XX foot revealed no obvious deformity, swelling or ecchymosis. Palpation revealed no evidence of crepitus, effusion or tenderness. Range of motion was XX in all areas tested. Strength testing of the feet was XX/5 in all muscle groups tested. Sensation in the feet was normal. Reflexes were normal and symmetric. All special tests of the foot were normal. Gait pattern was normal with no limp. XX ankle exam revealed no deformity, atrophy, ecchymosis, swelling or scars of the ankle. Palpation revealed XX tenderness XX ankle. Full range of motion in all areas tested of the ankle. Strength testing was XX/5 in all muscle groups tested. Sensation was normal in all areas tested. Reflexes were normal in all areas tested. All special testing of the ankle were normal. Gait pattern was normal with no limp. The claimant underwent XX view x-



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rays of XX foot weightbearing which revealed a XX XX XX fracture. XXXX discontinued XX previously worn by the claimant and ordered XXXX finish out XXXX physical therapy. The claimant was reported to be at MMI (maximum medical improvement) at the time and was able to return to work with no restrictions.

The XXXX documented visit number as XX. The claimant reported XXXX saw XXXX doctor who was going to order MRI of XXXX ankle to see what was causing XXXX increased pain/discomfort. The claimant functional XX included walking and moving around. Aggravating factors were weightbearing, walking/standing, squatting and pushing off toes. Assessment was that the claimant continued to make slow progress towards goals established at evaluation. Primary emphasis of that session was placed on XX ankle/foot ROM, strength, endurance, balance and pain reduction strategies. Therapies performed were ultrasound/phonophoresis, therapeutic exercise, electronic stimulation, and laser/other. Additional physical therapy XX a week for XX weeks was requested.

Prior UR letter dated XXXX denied the request for physical therapy XX x XX weeks, XX foot based on ODG Physical Therapy Guidelines which recommend XX visits and “there were no exceptional factors noted that would warrant exceeding the guideline recommendation. There was also no indication the claimant was unable to continue with a home exercise program. Lastly, there was a lack of documentation regarding the claimant’s objective response to the prior visits, which includes objective improvement in function.

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

The claimant, a XXXX, was diagnosed with XX fracture of XX foot XX XX bone and XX of other ligament of XX ankle. The request is for coverage of physical therapy XX x XX weeks for the XX foot.

The Official Disability Guidelines (ODG) for Physical Therapy recommends a finite number of physical therapy sessions for a given XX injury with exceptions granted in XX circumstances. In this case, the medical records submitted revealed the claimant has been previously treated with XX sessions of physical therapy for the diagnosed XX fracture. According to ODG, physical therapy recommendation includes 12 sessions over 12 weeks for the diagnosed condition. The requested additional physical therapy XX x XX weeks (XX sessions) exceeds the ODG recommendation. Additionally, XXXX encounter note with the treating physician dated XXXX documented that the claimant was doing well, fracture had healed, range of motion of XX foot/ankle was normal, strength was XX/5 in all XX groups of XX foot/ankle, and that XXXX had reached MMI. The most recent PT note dated XXXX documented some continued/increased pain about ankle; however, there is no documentation regarding XXXX response to the previous physical therapy treatments. There is also no documentation as to the need and/or plan for additional physical therapy.



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For these reasons, based on Official Disability Guidelines and criteria as well as the clinical documentation stated above, the request for coverage of additional physical therapy XX x XX weeks, XX foot is not medically necessary and appropriate.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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