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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy Left Leg 2 X wk X 3 wks

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

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a XXXX with history of an occupational claim from XXXX. The mechanism of injury is detailed as XXXX left calf. On XXXX the patient presented to the emergency department with lower left extremity pain rated 10/10. MRI of the left ankle/calf revealed focal prominent tear medial gastrocnemius muscle/fascia, small hematoma within gastrocnemius muscle of the fascia interface with additional hemorrhage and edema confined to the gastrocnemius compartment. Left ankle had no acute injury. MRI of the left tibia/fibula and focal prominent tear of the medial gastrocnemius muscle/facet. X-ray of the left tibia/fibula was within normal limits and deep venous thrombosis ultrasound had no evidence of DVT identified. According to the XXXX visit note, the patient had been using a 3D boot since the injury, the patient had continued pain after a grade 2 sprain/partial tear of the medial head of the gastrocnemius. The patient's pain was a 5/10. The patient was prescribed physical therapy and to return in 6–8 weeks for follow-up. As of XXXX the patient was seen continuing with pain to the left lower leg and muscle strain. XXXX leg continued to swell XXXX walked a lot and after physical therapy. XXXX continued physical therapy, but may not be able to finish out therapy because the patient was moving to XXXX. XXXX continued on medication. The treatment plan was to continue home exercise program if XXXX was unable to complete physical therapy. As of XXXX the patient was seen for follow-up of left leg pain that was unchanged and rated 5/10. XXXX had full range of motion and pain with palpation in the left calf. Strength was 5/5 and sensation was normal. The treatment plan was to continue to follow-up as needed. The patient continued with work restrictions. As of XXXX the patient continued with 5/10 pain. The patient reported a relapse of pain and swelling. There is full active range of motion and 5/5 strength. The patient had reached maximum medical improvement and was to continue with rehabilitation and an MRI of the left leg. According to the XXXX MRI there was interval decrease in intramuscular edema within the medial gastrocnemius muscle since XXXX with mild residual edema in the inferior medial gastrocnemius muscle and myofascial region, compatible with prior injury. There was interval resolution of prior hematoma adjacent to the medial gastrocnemius muscle. As of XXXX the patient was seen for a designated doctor report and complained of constant pain in the calf muscle. XXXX rated the pain as 5/10. Upon inspection there were no deformities or other abnormalities. There was noticeable swelling in the middle of the left medial calf muscle. There is tenderness reported of the medial mid-calf area. Knee range of motion was within functional range and pain-free. Ankle inversion and plantar flexion with knee in full flexion elicits Discomfort and weakness. Dorsiflexion was restricted. The patient had difficulty walking on XXXX toes in the left heel. Heel raises were difficult to perform. The patient presented with a

relatively normal gait however there is decreased step/stride length, cadence and increased tone well. With regard to strength, knee quads/hamstrings, ankle dorsiflexors, invertors/everters were 5/5 bilaterally with ankle plantar flexors 4/5 on the left. There is no visual atrophy of the left lower extremity. It was stated that the patient may benefit from an additional course of physical rehabilitation and XXXX was not a surgical candidate. On XXXX the patient continued with 5/10 pain and seen for reevaluation after MRI. The patient was to continue home exercise program and follow-up with XXXX. On XXXX and XXXX the patient was seen for follow-up with continued 5/10 pain. The recommendation was to continue home exercise program and follow-up with XXXX.

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

The Official Disability Guidelines state physical medicine treatment is recommended as indicated. As with any treatment, if there is no improvement after 2-3 weeks, the protocol may be modified or re-evaluated. Post-surgical treatment of a quadriceps tendon rupture is 34 visits over 16 weeks. In this case, the patient initially had a focal prominent tear medial gastrocnemius muscle/fascia. On follow-up imaging, the results showed grade II strain/partial tear of the medial head of the gastrocnemius. The patient then was referred for physical therapy, and continued to report pain and swelling. The patient's pain was a continuous 5/10 level. The patient was not a surgical candidate, but was recommended additional therapy as of the XXXX designated doctor examination. The documentation revealed there was full range of motion and 5/5 strength. While the patient continued with pain, a home exercise program should be sufficient as recommended by the continued follow-up visits. There was no barrier to a home exercise program identified within the reports.

Therefore, the request is not medically necessary. As such, the prior denial is upheld.

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
- ☐ AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Knee& Leg, Physical medicine treatment