


INDEPENDENT REVIEW INCORPORATED

August 28, 2006

Re: MDR #: M2 06 1788 01 Injured Employee: ___
 DWC #: ___ DOI: ___
 IRO Cert. #: 5055 SS#: ___

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Attention: ___
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT: Church Mutual Insurance Co.

REQUESTOR: Kingwood Medical Center

TREATING DOCTOR: Joseph Muscat, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in anesthesiology with extra credentials in pain management and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on August 28, 2006.

Sincerely,

jc

Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 06 1788 01**

Information Provided for Review:

1. Progress notes of Dr. Muscat from 04/28/06 through 08/09/06
2. Physical therapy progress notes from 05/15/06 through 06/05/06

Clinical History:

According to the initial evaluation from Dr. Muscat, this claimant allegedly injured her left ankle at approximately the end of _____. The Texas Department of Insurance MR-117 form indicates a date of injury of _____. The claimant who works as a teacher, was apparently skipping when she felt a pop in the left heel area. She was initially treated with heat, cold, ice, and elevation, which provided her with intermittent relief and overall "slight improvement." On physical examination the claimant has diffuse swelling to the distal aspect of the Achilles tendon with good plantar flexion strength, normal plantar flexion, and normal pulses. Dr. Muscat recommended an MRI scan and put the claimant into a walking boot. She followed up with him on 05/03/06, stating that she was "getting better." Physical examination still demonstrated diffuse swelling to the distal aspect of the Achilles tendon with a "clinically intact" Achilles tendon by examination and strength testing. Dr. Muscat stated that the MRI scan demonstrated a "partial thickness tear of the Achilles with a majority of the fibers intact." However, that report was not provided for my review. Dr. Muscat indicated that he would start the claimant in physical therapy in approximately 2-1/2 weeks. An initial physical therapy evaluation was performed on 05/15/06 by Barbara Wolfe, physical therapist. It demonstrated the following ranges of motion for the left ankle: dorsiflexion 7°, plantar flexion 40°, inversion 30°, eversion 22°. It also demonstrated the following strength parameters of the left ankle: dorsiflexion 4-/5, plantar flexion 4-/5, inverters 4+/5, everters 4/5. It was noted that the claimant had moderate tenderness over the Achilles tenderness and mild swelling in the left foot. The working diagnosis for which physical therapy was prescribed was left Achilles tenosynovitis. The claimant then participated in physical therapy on 05/15/06, 05/22/06, 05/24/06, 05/31/06, and 06/02/06. At the conclusion of physical therapy on 06/02/06, the following objective measures regarding the claimant's left ankle were reported: dorsiflexion 2°, plantar flexion 42°, inversion 38°, eversion 26°, dorsiflexion 4/5, plantar flexion 4/5, inversion 5/5, eversion 4/5. The claimant stated that there had been no change in her swelling, and she was "independent with home exercise program." On the final physical therapy visit documented on 06/05/05, there was no objective data supplied, and the claimant received ultrasound, exercises, and interferential therapy. The

claimant followed up with Dr. Muscat on 06/14/06 stating that she was still “feeling better.” Physical examination demonstrated decreased swelling, full range of motion, and diffuse tenderness. The Achilles tendon was said to be “clinically intact.” Dr. Muscat recommended 2 more weeks of physical therapy at a frequency of 3 times per week. On the final documented visit with the claimant on 08/09/06, the physical examination documented mild to moderate diffuse swelling, a “clinically intact” Achilles tendon, and mild to moderately antalgic gait. He again recommended physical therapy with iontophoresis to reduce inflammation and stated that the claimant would be referred to a foot and ankle specialist if she continued to have problems.

Disputed Services:

Physical therapy 3 times a week for 2 weeks.

Decision:

I PARTIALLY AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE

Rationale:

Specifically, it is my opinion that 2 more weeks of physical therapy twice per week, not 3 times a week, would be medically reasonable and necessary.

Based upon the medical information provided, the claimant has had improvement in virtually all objective measures of left ankle range of motion and strength testing following the initial 6 sessions of physical therapy. Additionally, the improvement in swelling of the left ankle seems to have waned with discontinuation of physical therapy. However, it is also documented in the physical therapy reassessment evaluation on 06/02/06 that the claimant was “independent with home exercise program.” Therefore, it appears that the claimant should be able, for the most part, to manage her condition with home exercise, but lacking full range of motion and full strength in the left ankle, could benefit from additional physical therapy. Given the minimal residual deficiencies documented in objective measurements on 06/02/06, it does not appear that physical therapy is necessary 3 times per week which, in my opinion, would be excessively frequent. However, 2 more weeks of physical therapy twice per week is medically reasonable and necessary, combined with regular home exercise, which the claimant is said to be “independent” with.

Screening Criteria/Literature Cited:

I based my opinion primarily on the information provided regarding objective measures of the range of motion and strength testing of the claimant’s left ankle, comparing her initial evaluation on 05/15/06 with her evaluation on 06/02/06 after 5 physical therapy sessions. Based upon this evaluation, the claimant has made fairly significant improvement in objective measures. Moreover, given the fact that her swelling increased upon discontinuation of physical therapy, it is medically reasonable and necessary for her to continue physical therapy and, more importantly, her home exercise program, to optimize improvement of objective measures of range of motion and strength testing regarding the left ankle.