

AccuReview

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[Date notice sent to all parties]: August 6, 2018

IRO CASE XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Visits of Physical Therapy to left Achilles tendon

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

This physician is Board certified in Rehabilitation and Physical Medicine with over 18 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]:

XX Operative Note dictated by XX, MD. Preoperative Diagnosis: Left Achilles tendon rupture. Postoperative Diagnosis: Left Achilles tendon rupture repair.

XX: Encounter dictated by XX, MD. HPI: the claimant is a XX- with reported pain in the left ankle and in the left foot with a work injury when XX at work, feeling a pop and painful sensation on XX. XX is currently 5 weeks post-operative Achilles tendon repair with continued pain and is very concerned. Past Medical: spontaneous rupture of tendon of left ankle, rupture of left Achilles tendon, subsequent encounter. HTN, DM, current everyday smoker. Medications: crutches, wheelchair, or roll-a-bout; XX; XX; XX; handicap parking place card; XX, XX, XX-XX. ROS: Musculoskeletal: muscle pain and muscle weakness, decreased ROM, joint pain and joint swelling. PE: on PE, the incisions appeared to be well healed and palpably intact Achilles tendon and plantarflexion with Thompson testing. Tenderness around the rupture site noted. Assessment & Plan: rupture of left Achilles tendon, subsequent encounter, spontaneous rupture of left ankle. Recommend continuing to weight bear in the Achilles boot, RTC in XX and meantime start PT to work on strength and balancing.

XX: Physical/Occupational Therapy Prescription dictated by XX, MD. PT to left Achilles 3x week for 4 weeks, evaluate and treat with gait training, AROM, resistive ROM, latex band, stretching. Precautions: gentle AROM.

XX: Physical Therapy Recertification Note dictated by XX, PT. CC: WC left foot. PE: left foot: mild swelling with palpable tenderness over hindfoot. Left ankle: mild swelling noted Improved ROM, decreased ROM secondary to soft tissue, ROM improving with PT. Palpable tenderness over Achilles tendon, improved. Unable to perform single heel raise, Thompson-Daughtery test negative. DX: rupture of left Achilles tendon, initial encounter, Acute left ankle pain. Plan: Additional PT ordered, activities as tolerated. Follow up XX.

XX: Daily Note dictated by XX, PT. Assessment: claimant is progressing as expected. Review claimant's home program and compliance with prescribed HEP. Claimant would benefit from additional PT sessions.

XX: Physical/Occupational Therapy Prescription dictated by XX MD. Request PT 3x XX for 3 XXor 12 visits for

instruction on a HEP: PROM, AROM, AAROM.

XX UR performed by XX MD. Reason for denial: Clinical information provided does not establish the medical necessity of this request. This request is not supported by the ODG. The ODG supports the use of PT following surgical intervention for Achilles tendon rupture and recommends up to a maximum 48 visits over 16 weeks. The documentation available indicates that the surgical intervention was completed on XX and notes XX therapy sessions based on the PT recertification note dated XX. However, there is documentation dating back to XX indicating that PT was initiated around the end of XX or early XX. When noting that the ODG would recommend up to 48 therapy sessions over 16 weeks and that therapy was initiated in XX at the latest, the available documentation does not indicate why ingoing therapy would be necessary in XX. Therefore, the request for 12 additional visits of PT to the left Achilles tendon is not established in XX. Therefore, the request is denied.

XX: UR performed by XX, MD. Reason for denial: The request for 12 additional PT would exceed the maximum allotted number of sessions set by the guidelines. The physician did not specify why the injured worker could not continue a home exercise program to address any remaining deficits. The injured worker did not have any substantial deficits noted on physical examination that would support the need for extension of supervised physical therapy, therefore is denied.

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

Denial of an additional 12 Physical Therapy visits for the left Achilles tendon is UPHeld/AGREED UPON since the request exceeds the time frame for basic post-operative physical therapy, and there is lack of clinical information. There is notation of PT in XX then again in XX, but no documentation of the total number of post-operative visits nor documentation of objective gains in left ankle range of motion measurements or left ankle strength measurements. There is question as to compliance with home exercise program. There is question as to consideration of progression to a more comprehensive, functional rehabilitation program now one and a half years post-injury/surgery. Therefore, after reviewing the medical records and documentation provided, medical necessity can not be established for the request 12 Visits of Physical Therapy to left Achilles tendon and is denied.

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)**