

Vanguard MedReview, Inc.

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy

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

This case was reviewed by a licensed Chiropractor with over 20 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]:

XXXX: Subsequent Evaluation by XXXX. **HPI:** The patient is a XXXX who reports continuing to suffer with unrelenting left foot/ankle pain, stiffness, and swelling along frequent bouts of early fatigue and weakness that limits XXXX ability to complete prolonged physical activity without inducing severe pain, guarding and swelling. Patient reports having to drag XXXX foot by the end of the day as XXXX does not have the strength to complete a proper toe off gait. Injury occurred while at work for XXXX. XXXX was on the XXXX left foot/ankle complex, resulting in XXXX left ankle being forced into a hyper-inversion and hyper flexion position. Medication: currently taking 2 XX every 6 hours to control pain. **Orthopedic Exam:** Left ankle anterior and posterior drawer sign were completed noting early muscular guarding secondary to induction of pain making it difficult to assess the clinical stability of the anterior and posterior compartment ligamentous structures. Inversion and eversion stress tests were performed revealing mild to moderate laxity of the lateral ligamentous structures. Lateral ankle edema accumulation was noted encompassing the left lateral ankle complex along with hypertonic, tender and guarded lateral compartment musculature. **Diagnosis:** Grade 2 sprain, left ankle. **Plan:** Patient recently completed a FCE in which XXXX demonstrated clinically significant loss of ROM, rigidity, gait disturbance, poor balance, fear avoidance, high levels of compensable pain, as well as early muscular/cardiovascular fatigue. Based on the patients noted worsening gait disturbances which are more likely than not secondary to the clinically noted edema accumulation and medical history of prolonged bracing producing significant muscular weakness, it is currently medically advisable and supported by the ODG that the patient complete a trial series of 6 supervised gait training sessions.

XXXX: Subsequent Evaluation by XXXX. Patient was recently evaluated by XXXX who recommended that the patient proceed forth with injection therapies to assist in reducing XXXX subjective symptomatology; thus, affording the patient the ability to correct XXXX disturbed gait without induction of significant subjective symptomatology.

XXXX: UR performed by XXXX. **Rationale for Denial:** Recommend denial of request for additional PT, 2x3 weeks (6 sessions). Employee has completed PT in accordance with ODG and at this juncture, the employee should be independent with a self-directed HEP and no longer require outpatient, skilled and supervised PT. Furthermore, there is no documented evidence to support that the employee has had a flare-up, exacerbation or aggravation of XXXX accepted work injury or that XXXX clinical condition is actually worse than XXXX baseline condition to warrant the requested services.

XXXX: UR performed by XXXX. **Rationale for Denial:** This is an inversion sprain injury of the ankle that is now almost XXXX. Sprain/strain injuries usually resolve within six to eight weeks. XXXX was placed at MMI by two separate designated doctors in XXXX and should require no further treatment. These examinations did not find any significant deficits other than a loss of ROM resulting in 4% IR by one of the designated doctors. The other rated XXXX at 0%. The pathologies found on MRI have been determined to be degenerative and not related to the compensable injury by peer review and CCH. It appears XXXX current symptoms are more related to the non-compensable components of partial thickness tearing and tendinosis than the inversion sprain from XXXX. The treating doctor reports the claimant has chronic swelling and dragging of the foot by the end of the workday since the patient is on XXXX feet all day. It is in all medical probability that these symptoms would not be secondary to the compensable ankle sprain from XXXX. He argues that the current symptoms are due to long term bracing of the ankle. He thinks that XXXX may have had two sessions of treatment at the beginning of XXXX case and then for some reason the case was dropped and XXXX continued to wear a brace. It seems more likely than not that the swelling and dragging of the foot by the end of the day would be more related to the degenerative findings ruled non-compensable and not long term bracing by this point in time. Recommend non-certification of the services requested.

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

On XXXX, the patient injured XXXX left foot/ankle when a XXXX, inverting the left foot and ankle. The patient underwent an MRI on XXXX of the left ankle/foot which revealed an evolving bone contusion of the calcaneus and cuboid, no fracture identified. Post tibialis tendinosis and partial thickness tear at navicular insertion. Lateral subluxation of talonavicular joint, inflammation of sinus tarsi, possible tear of superomedial spring ligament, likely related to post tibialis tendon dysfunction. Tenosynovitis in common peroneal compartment, soft tissue edema of lateral muscles of the foot, sprain of the anterior talofibular, calcaneofibular and deep deltoid ligament with no disruption. NO internal derangement of the tibiotalar joint or osteochondral lesions identified. The patient has worn an ankle brace and has received treatment over the last XXXX. The patient's XXXX were noted on the office visit dated XXXX showing XXXX. According to the ODG, the recommended PT sessions for an ankle sprain is 9 visits over 8 weeks, and the patient injured XXXX left ankle on XXXX. At XXXX post-injury, the patient has been educated how to actively utilize a self-directed home physical therapy routine to maintain the function of the left ankle. Based on the medical documentation that I have reviewed, there is no evidence to support that the patient has had an exacerbation of the left ankle sprain, or aggravation of the work injury from the date of XXXX. Therefore, it is my professional recommendation to uphold the decision of denial of the 6 PT sessions to the left ankle with post long-term bracing. It is not medically necessary and should be denied.

Per ODG: XX

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**
- 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)**