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An Independent Review Organization
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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:

Orthopedic Surgery

REVIEW OUTCOME:

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

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX with a history of an occupational claim from XXXX. The mechanism of injury was detailed as a XXXX reportedly causing a displaced intra-articular distal tibia pilon fracture. The patient underwent open reduction internal fixation on XXXX. This was followed approximately 30 sessions of postoperative physical therapy. The patient was evaluated by physical therapy on XXXX. It was noted that the patient had a setback pain and ambulation due to the use of XXXX walker boot wearing out too quickly. The patient had continued restrictions with flexibility and was unable to meet job level demands to include kneeling, ladder climbing, repetitive squatting, standing, crouching, and walking. The treatment plan included additional physical therapy to meet goals. This request was previously reviewed and received an adverse determination on XXXX due to the lack of documentation of current clinical information to support exceeding guidelines. The patient was evaluated on XXXX and it was documented that the patient continued to have deficits including pain stiffness, weakness and loss of sensation in XXXX left ankle that would benefit from an additional 12 treatment of physical therapy. The appeal request received a denial on XXXX due to lack of physical documentation supporting the need for additional physical therapy versus a home exercise program. All appeal levels were exhausted and independent review was requested.

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

The Official Disability Guidelines recommend up to 30 sessions of postoperative physical therapy for an open reduction internal fixation. The clinical documentation submitted for review does indicate that the patient has participated in 30 sessions of physical therapy and continues to have deficits that prevents advancement to work without restrictions. The documentation indicates the patient has a high physical demand level and has recently experienced a setback due to wearing out XXXX cam walker boot

increasing XXXX symptoms and inability to function. Therefore, in this clinical situation, additional therapy would be supported to assist and supervise the patient's active therapy so that physical demand levels can be achieved and the patient can return to work.

As such, the previous determination is medically necessary and overturned.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Ankle and Foot Chapter