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An Independent Review Organization
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XX/XX/2018

Description of the service or services in dispute:

XX

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Orthopedic Surgeon

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

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History:

XXXX is a XXXX who was injured on XXXX. The diagnosis was pain due to XX, XX (XX). XXXX was status post XX ankle open reduction and internal fixation.

XXXX for pain caused by internal prosthetic device. XXXX was status post XX ankle open reduction and internal fixation on XXXX and XX ankle hardware removal on XXXX. XXXX reported pain at the XX lateral / posterior ankle. The quality of pain was aching. Alleviating factors included rest, elevation, limited weightbearing, physical / occupational therapy, previous surgery, and brace. Aggravating factors included standing, walking, and weightbearing. Associated symptoms included weakness, swelling, and instability. Physical therapy had helped temporarily (had to stop due to XXXX, controlled at the time). XX ankle examination showed swelling, tenderness at the XX ankle. XXXX reported XXXX had not been able to continue physical therapy due to workman's compensation approval. XXXX resubmitted a request for continued physical therapy.

A XX ankle x-ray dated XXXX showed prior open reduction and internal fixation distal fibula with no complication, mild lateral soft tissue swelling, and calcaneal spurs.

Treatment to date included physical / occupational therapy, medications, brace, and XX ankle XX surgery on XXXX.

Per a Utilization XX dated XXXX by XXXX, the requested service of physical theory XXfor the XX ankle was denied. Principal Reasons for the Determination: "xx allows XX visits over XX weeks for postsurgical

treatment of ankle fracture. Patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). In this case, this is a XXXX who reportedly sustained an injury on XXXX and underwent XX ankle open reduction internal fixation on XXXX and XX ankle hardware removal on XXXX. The claimant has current complaints of XX ankle pain. The current records document examination findings of limited range of motion and decreased muscle strength. Review of claim noted that the claimant was approved for XX postoperative PT in XXXX and XX postoperative PT in XXXX. The provider recommends XX PT sessions. However, the submitted reports do not clearly indicate the number of completed postoperative PT visits to date to support further treatment within guideline recommendation. During the recent course of PT, the documented objective findings indicates decreased and unchanged muscle strength grade, and unchanged range of motion which does not support continued therapy services. Range of motion decreased from XX to XX degrees on eversion during XXXX PT and remained at XX degrees up to XXXX evaluation. XX remained at XX degrees. Inversion range of motion decreased from XX to XX degrees. Muscle strength decreased from XX+ to XX/XX on XX and XX - to XX+/XX on XX. Considering that the claimant has at least XX authorized postoperative PT from XXXX, which exceeds the guideline's recommendation and that documentation does not provide evidence of benefits from prior therapy services, it is not clear how additional PT visits will benefit the claimant's current complaints and findings. Medical necessity of skilled PT in excess to guideline maximums is not established. Recommendation is to deny this request.

Per a Utilization Review Peer Reviewer Response dated XXXX, the appeal for physical therapy XX for the XX ankle was not certified by XXXX. Principal Reasons for the Determination: "ODG recommends XX visits over XX weeks for postsurgical ankle fractures. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range of motion exercises at home by a physical therapist. Within the associated medical file, there is documentation of subjective findings of XX ankle pain. The patient reports the pain is rated as a XX. The patient reports physical therapy has helped. Objective findings include an increase in the XX ankle active range of motion from 35 to 40 degrees on XX, the XX and eversion range of motion remained decreased. The muscle strength is a grade of XX+/XX on eversion and inversion and it decreased from XX+ to XX/XX on XX and XX- to XX+/XX on XX. However, there remains no (clear) documentation to warrant further exceeding the guideline recommendations or documentation contraindicating continued management of the patient's condition within a home exercise program. Moreover, there remains no significant documentation of lasting derived functional benefit from previous therapy sessions. Therefore, I am recommending non-certifying the request for Appeal: PT x XX- XX Ankle."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request for XX - Physical Therapy x8 for the XX ankle is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified noting that ODG-XX allows XX visits over XX weeks for postsurgical treatment of ankle fracture. Patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). In this case, this is a XXXX claimant who reportedly sustained an injury on XXXX and underwent XX ankle open reduction internal fixation on XXXX and XX ankle hardware removal on XXXX. The claimant has current complaints of XX ankle pain. The current records document examination findings of limited

range of motion and decreased muscle strength. Review of claim noted that the claimant was approved for XX postoperative PT in XXXX and XX postoperative PT in XXXX. The provider recommends XX PT sessions. However, the submitted reports do not clearly indicate the number of completed postoperative PT visits to date to support further treatment within guideline recommendation. During the recent course of PT, the documented objective findings indicates decreased and unchanged muscle strength grade, and unchanged range of motion which does not support continued therapy services. Range of motion decreased from XX to XX degrees on eversion during XXXX PT and remained at XX degrees up to XXXX evaluation. XX remained at XX degrees. Inversion range of motion decreased from XX to XX degrees. Muscle strength decreased from XX+ to XX/XX on XX and XX - to XX+/XX on XX. Considering that the claimant has at least XX authorized postoperative PT from XXXX, which exceeds the guideline's recommendation and that documentation does not provide evidence of benefits from prior therapy services, it is not clear how additional PT visits will benefit the claimant's current complaints and findings. Medical necessity of skilled PT in excess to guideline maximums is not established. The denial was upheld on appeal noting that ODG recommends XX visits over XX weeks for postsurgical ankle fractures. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range of motion exercises at home by a physical therapist. Within the associated medical file, there is documentation of subjective findings of XX ankle pain. The patient reports the pain is rated as a 1/XX. The patient reports physical therapy has helped. Objective findings include an increase in the XX ankle active range of motion from 35 to 40 degrees on XX, the XX and eversion range of motion remained decreased. The muscle strength is a grade of XX+/XX on eversion and inversion and it decreased from XX+ to XX/XX on XX and XX- to XX+/XX on XX. However, there remains no (clear) documentation to warrant further exceeding the guideline recommendations or documentation contraindicating continued management of the patient's condition within a home exercise program. Moreover, there remains no significant documentation of lasting derived functional benefit from previous therapy sessions. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The patient has been authorized for at least XX postoperative physical therapy visits to date. The Official Disability Guidelines support up to XX sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Given the documentation available, the requested service(s) is considered not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
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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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than XX days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.