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Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

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

X

REVIEW OUTCOME:

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

X 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. The patient sustained a right ankle X and nondisplaced fracture of the lateral X to a fall after X was wrapped in the vacuum cleaner cord. Physical therapy note dated X indicates that X had X of

plantar flexion and X of dorsiflexion. Inversion and eversion were X. Follow up note dated X indicates that the patient had significant improvement. X lacked about X of dorsiflexion. X stated that X could start weaning out of the brace. X was to continue physical therapy. X was seen at therapy on X. This was the X visit. Eversion was X and inversion X. Dorsiflexion was X and plantar X. X reported pain with walking but not standing. Correspondence dated X indicates that X had decreased plantar flexion range of motion as well as decreased gastroc/soleus strength preventing X from walking with sufficient toe off and rapid ankle plantar flexion leading to decreased stride length. Continuing therapy will help restore range of motion which will help with the push off phase of gait. Follow up note dated X indicates that the patient reported X right ankle and foot pain was 80% better. On physical examination there is mild swelling, mild tenderness over the mid foot, improved dorsiflexion, but still lack X, full plantar flexion. X-ray showed a X.

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 X for the right ankle and right foot is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified noting that, "The Official Disability Guidelines recommend up to twelve visits. X has completed X. X would not agree with exceeding the guideline recommendations. X has good range of motion. The remaining complaint is subjective pain. However, formal therapy would not at this point be any more effective for the pain than home exercises. At this point, therapist applied X would not be medically necessary. X should finish X approved X then continue home exercises. The documentation does not support exceeding the guideline recommendations." The denial was upheld on appeal noting that, "The submitted documentation for this review reported the claimant completed X, with report of improvements in ROM, decreased pain and no pain or deficits on ambulation. The documentation does not support additional therapy outside of the guideline recommendations for 12 sessions; therefore, the request is not supported. As such, the request for request for X requested is non-certified." There is insufficient information to support a change in determination, and the

previous non-certifications are upheld. The request for additional physical therapy would exceed the Official Disability Guidelines. 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. Therefore based on the clinical information provided, the request for X for the right ankle and right foot is not recommended as medically necessary and the previous denials are upheld.

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

- X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**