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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

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:

☐ Overturned Disagree

☐ Partially Overturned Agree in part/Disagree in part

☒ Upheld Agree

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured at work on X. X sustained injury due to X. The diagnosis was displaced bimalleolar fracture of left lower leg, subsequent encounter for closed fracture with routine healing (S82.842D).

On X, X was evaluated by X, DPT, for a physical therapy progress visit for left ankle pain. X reported difficulty in ascending/descending stairs, standing, walking; had disturbed sleep and was unable to walk. On the day, X reported left ankle pain as X at best and X at worst. Pain decreased with rest and elevation. The functional status for activities of daily living was X and for work activities was X. Work status was full time. X arrived for the X visit. X reported no pain and demonstrated improved X pattern upon arrival. On examination, X remained limited in weight acceptance to the left lower extremity (LLE) with walking boot, causing difficulty with ambulation and standing tolerance. WBAT (weight bearing as tolerated) in boot was noted. Left ankle/foot examination revealed the active range of motion at dorsiflexion was X degrees, plantar flexion X degrees, inversion/eversion X degrees, great toe extension X degrees, and MTP flexion was X degrees. The strength was X at dorsiflexion, plantar flexion, inversion/eversion and MTP flexion; great toe extension was X. Sensation was unremarkable. It was noted that X was referred to X. At the time, X was nonweight bearing to the left lower extremity (LLE). X was in a

controlled ankle motion (CAM) boot ambulating with knee scooter. X sustained injury due to X. Prior to this injury, X was independent with functional mobility, transfers, ambulation, driving, and stair climbing. X denied previous ankle injury. X was working full time as a X. X usually walked for X minutes at a time to X. X gave X-minute X. Otherwise, X was performing X. At the time, X was working from X. On the day, X presented with inability to weight bear on the LLE, decreased ankle AROM, decreased strength of left ankle and foot in all planes, moderate swelling in foot/ankle, and gross LLE weakness. Due to these impairments, X had deficits in standing balance, functional transfers, curb negotiation, ambulation, stair climbing, and work related tasks. X had X at the time and was making excellent progress. At the time, X was ambulatory with walking boot, without assistive device. X continued to have slowed antalgic gait. X remained limited in tolerance to prolonged standing, walking, and stair climbing. AROM and strength of left ankle had remarkably improved. X would continue to benefit from X to progressively wean out of the boot and restore tolerance to closed-chain functional activity and gait. Initial authorization request was for X. They would request additional authorization when indicated. They would develop a X. X would continue to be seen X. The treatment would include X. On X, X was seen by X, MD, for a post-operative check, to assess healing of the left ankle joint. X was following up status post open X performed on X. The wound was unremarkable and was healing well. Pain level was X in severity, at the time. X used rest, ice, and elevation in the postoperative period. X had muscle weakness and swelling. At the time, X was satisfied with their status and care. On examination, weight was X pounds and body mass index (BMI) was X. Left ankle examination revealed dorsiflexion with knee extended was X degrees, dorsiflexion

with knee bent was X degrees, plantar flexion was X degrees. It showed normal alignment, no deformity/tenderness/warmth/masses. Dorsiflexion/plantar flexion strength was X, had normal muscle tone. X-rays of the left ankle dated X were ordered and obtained, demonstrating stable hardware with a healed X. X was X. X had mild callus formation but was not fully healed. It was noted that X was X months out from X left ankle fracture. X had been going to X, but at the time, this had been discontinued secondary to insurance approval. X stated X was proving pretty well with X and was about to start working on stairs. X was still having some difficulty with stairs to take X foot at a time as X did not feel like X had the strength or stability to do these normally. X had good range of motion on examination. X strength on testing felt pretty appropriate. It was felt a lot of this would improve as X just continued to try to do these types of things. X more X was not fully healed so Dr. X would need to keep following up radiographically.

Treatment to date included X

performed on X, X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “Per ODG by MCG X, "X." In this case, the claimant presents for left ankle pain. The claimant is status post X performed on X. The patient has X. There is no need identified for X. There are no documented extenuating circumstances to support an exception to the guidelines. This request is not shown to be medically necessary. Therefore, this request is not certified.”

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On X, X, DPT, wrote an appeal letter regarding denied request of X: “I am writing on behalf of my patient, X, to document the medical necessity of X on X with Dr. X. This letter provides information about the patient’s medical history and diagnosis and a statement summarizing my treatment rationale. Patient's History and Diagnosis: During this episode of care, the patient has X. Patient was initially NWB in a walking boot. Now able to ambulate short distances < X ft without a walking boot. X continues to have local strength deficits in the L ankle, is unable to ambulate community distances, or negotiate stairs out of walking boot due to limited tolerance to weight bearing on the LLE. Per most recent visit with Dr. X, the patient has no weight bearing restrictions and is released to go back to work. X job consists of X, however, to access X, patients must ambulate distances > X ft to navigate campus and be able to negotiate X flights of stairs. Given the severity and type of injury, the patient has required a longer duration of X to assist in returning to X prior level of function. Prior to this injury, the patient had no musculoskeletal deficits in the lower extremities, and was highly independent in all aspects of ADLs, mobility, ambulation, and stair negotiation. Treatment Rationale: ongoing physical therapy treatment is warranted to assist the patient in regaining full function of the L ankle for X to improve X ADL capacity for performing various standing activities, navigating uneven terrain, improve ability to ambulate community distances, and be able to negotiate stairs independently without deficits. Patient continues to have limitations in ability to perform various standing activities independently and requires supervision for increased pain, assessment of tolerance, cueing, assistance for setup, and various exercise modification to optimally and progressively restore function of the L ankle. Duration: The patient is recommended to continue X duration to assist in safety

transitioning to an X. Summary: This patient requires further X, activity progression, monitoring for safety, and additional time to make a full recovery following surgical repair of X L ankle fracture."

Per a reconsideration review adverse determination letter dated X by X, MD, the request for X, was denied. Rationale: Per ODG, "X: X: X: X ... Abnormality of X" In this case, claimant has limited in weight acceptance to left lower extremity with walking boot causing difficulty with ambulation and standing tolerance, WBAT, inversion and eversion at X, great toe extension at X and MTP flexion at X and strength at X with dorsi and plantar flexion, inversion, and MTP flexion and antalgic gait. Guidelines recommend X sessions for a X. However, X are not recommended. Due to TX law and inability to get agreement with physician to modify this case, this case is non-certified."

Based on the submitted medical documentation, the requested X is not medically necessary. The guidelines do not support the use of X. In addition, the patient has already completed an appropriate course of X. X is not supported by the guidelines. The patient should be well versed on a X. No new information has been provided which would overturn the previous denials. X is not medically necessary and non-certified.

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

Based on the submitted medical documentation, the requested X is not medically necessary. The guidelines do not support the use of X. In addition, the patient has already completed an appropriate course of X. X

is not supported by the guidelines. The patient should be well versed on a X. No new information has been provided which would overturn the previous denials. X is not medically necessary and non-certified.

Upheld

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

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ TMF SCREENING CRITERIA MANUAL

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ MILLIMAN CARE GUIDELINES

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

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

☐ INTERQUAL CRITERIA

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE