

Date: 06/09/06

Final Report

Account:

Contact:

Reference #:

Patient:

Subscriber #:

History: This 14 year old male was evaluated on 4/27/06 by Thomas Schuerman, PT for left foot pain. He was referred to physical therapy by Dr. Amy Jaeger of the same clinic, with the diagnoses of left ankle sinus tarsi pain and congenital pes planus (flattened arches). The patient presented on his initial session with physical therapy with limited ankle range of motion (2 degrees of dorsiflexion, 20 degrees of plantarflexion, and 0 degrees of both inversion and eversion.) The patient's subjective rating of his overall condition was 3/10, on a scale that measures 0 to be poor, and 10 to be normal. His chief complaint was pain in his left ankle with weight-bearing and lack of inversion range of motion. He was provided with a longitudinal arch, given a towel gastrocnemius stretch, and he received ultrasound to the left ankle. **No mechanism of onset was noted on the evaluation, nor was the tissue determined that was causing the pain. In other words, treatment was provided without a firm diagnosis. (Bone pain is not a firm diagnosis).** The sinus tarsi is a cavity between the subtalar bones in the foot.

He was seen for 14 physical therapy sessions between 4/27- 6/2/06. Treatments remained the same throughout all 14 sessions, with an addition of theraband resistive exercises on his 8th visit, 5/19/06. He was casted for several different orthotics during this time as well.

He was rechecked by Dr. Smith on 5/24/06. He rated his pain as 4/10 on a 0-10 scale, with 10 being the highest. The patient ambulated full weight bearing with a slight limp. An MRI that had been taken was reviewed by Dr. Smith on this date as follows: "Multiple sites of marrow edema within various bones of the hind foot, talus, cuboid, calcaneous, and navicular. No evidence of bony or fibrous coalition is detected. Possibility of cartilaginous bar involving the middle facet cannot be ruled out." She measured the strength in the patient's dorsi and plantarflexors to be 5/5. Dr. Smith discussed at this visit a recommendation to seek out a second opinion, Dr. Johnson, of Marshfield. All differential diagnoses were explained to the patient and his mother per physician report.

Case Management Intervention:

- 6/1/06: Referral received to review physical therapy for 18 total sessions requested. (14 had been utilized; 4 more were being requested.)

- Established and maintained contact with the physical therapy provider, requested clinical data, and reviewed clinical information for medical necessity.
- Researched differential diagnoses for bone marrow edema, and reviewed appropriate as well as contraindicated treatments for these diagnoses.
- Informed provider on 6/1/06 that the ultrasound treatment is contraindicated for 3 of the 8 differential diagnoses of bone marrow edema (i.e., metastases, lymphoma, and stress fracture). Instructed provider not to use ultrasound on any following sessions until these 3 diagnoses are ruled out. The provider said he agreed with this and would see the patient for one more visit, 6/5/06, to instruct the patient in a home program and to discuss a second opinion as well as a follow up with a physician.
- Requested from Thomas Schuerman, PT, an assessment of the cause of the limited range of motion in this patient's ankle. He reported it to be a bony block, hard end feel.
- Gave recommendations to the account.
- The provider has not been notified.

Case Management Recommendations:

- The first ten sessions of physical therapy were administratively authorized by the account, per the provider. Recommend reconsideration of this decision if possible, as treatment was provided without a firm diagnosis. Bone pain is not a clear diagnosis. (The sinus tarsi is a depression between bones in the foot.)
- Recommend the use of ultrasound (code 97035) as not medically necessary, beneficial, or appropriate for any of the physical therapy sessions. The tissue source of the pain was not identified; therefore, it is not appropriate to use ultrasound without identifying the tissue you are treating with this modality. Bone pain, or even just pain itself is not a clinical indicator for the use of ultrasound. Finally, with the discovery of bone marrow edema, the use of ultrasound should have been discontinued until the contraindicated differential diagnoses had been ruled out. Additionally, after the treating physical therapist agreed not to continue with ultrasound when the last session (6/5/06) was recommended, his notes indicate that he provided ultrasound anyway.
- The patient demonstrated no documented improvement in range of motion throughout physical therapy. He did not demonstrate a significant decrease in pain level after 5/22/06. The treating physical therapist reported that the end feel for the patient's range of motion was a bony, hard end feel. This type of end feel cannot be increased with flexibility exercises, range of motion, or modalities. Only joint mobilization techniques, which were not performed, can enhance this type of limitation.
- Recommend the physical therapy sessions 5/26/06, 5/30/06, 6/1/06, and 6/2/06, as not medically beneficial, appropriate, or necessary. Although the session on 6/5/06 was recommended, the use of ultrasound was not (code 97035).

Thank you for this referral. Please contact the undersigned with any questions.

Therapy Case Manager, PT

Date: 06/09/2006

Cost Savings Report

Account:

Reference #:

Patient:

Subscriber #:

Event: Symptoms involving neuro/musculoskeletal system (TC)

Date Range: 06/09/06 - 06/09/06

Category	Amount	Type	Details
Direct	\$ 1,394.00	Case management intervention	Cost savings reflect 4 Physical therapy sessions at \$236/each and 15 charges of ultrasound (code 97035) at \$30 each.

Direct Savings: **\$ 1,394.00**

Direct Expenses(-): **\$ 0.00**

Total direct savings for this period: **\$ 1,394.00**

Total direct savings for this event to date: **\$ 1,394.00**

Indirect Savings: **\$ 0.00**

Total indirect savings for this event to date: **\$ 0.00**