

RYCO MedReview

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/20/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening 5 times per week at 8 hours per day

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

Licensed by the Texas board

REVIEW OUTCOME

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

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness dated

X-rays of the right ankle interpreted by, M.D. dated
Discharge instructions from dated
An evaluation with, M.D. dated
Evaluations with, D.C. dated 03/07/05, 03/31/05, and 04/01/05
Evaluations with, M.D. dated 03/07/05, 05/12/05, 06/09/05, 08/11/05, and
12/13/05
An evaluation with, P.A.-C. for Dr. dated 03/31/05
Chiropractic therapy with Dr. dated xx/xx/xx, 04/07/05, 04/11/05, 04/14/05,
04/18/05, 04/20/05, 04/21/05, 04/25/05, 04/27/05, 04/28/05, 05/02/05, 05/04/05,
05/05/05, 05/09/05, 05/12/05, 05/16/05, 05/18/05, 05/19/05, 05/23/05, 05/25/05,
05/26/05, 06/01/05, 06/02/05, 06/06/05, 06/08/05, 06/09/05, 06/16/05, 06/22/05,
06/23/05, 06/28/05, 06/29/05, 07/05/05, 08/16/05, 08/31/05, 09/06/05, 09/07/05,
09/14/05, 09/15/05, 09/21/05, 09/22/05, 09/26/05, 09/28/05, 09/29/05, 10/03/05,
10/05/05, 10/06/05, 10/12/05, 10/13/05, 10/17/05, 10/19/05, 10/24/05, 10/26/05,
11/28/05, 11/30/05, 12/01/05, 12/05/05, 12/20/05, 12/21/05, 12/22/05, 01/09/06,
01/19/06, 01/25/06, 01/26/06, 02/01/06, 02/02/06, 02/06/06, 02/08/06, 02/13/06,
02/16/06, 02/22/06, 02/27/06, 03/02/06, 03/06/06, 03/08/06, 03/13/06, 03/23/06,
03/29/06, 03/30/06, 04/03/06, 04/18/06, 04/19/06, 04/20/06, 05/10/06, 05/11/06,
05/15/06, 05/17/06, 05/31/06, 06/07/06, 06/08/06, 06/12/06, 06/14/06, 06/15/06,
06/19/06, 06/21/06, 06/22/06, 06/26/06, 06/28/06, 07/03/06, 07/05/06, 07/06/06,
07/10/06, 07/12/06, 07/18/06, 07/19/06, 07/20/06, 07/31/06, 08/02/06, 08/07/06,
08/10/06, 08/14/06, 08/16/06, 08/17/06, 08/23/06, 08/24/06, 08/31/06, 09/05/06,
09/07/06, 09/12/06, 09/13/06, 09/14/06, 09/18/06, 09/19/06, 09/21/06, 10/09/06,
10/11/06, 10/16/06, 10/19/06, 10/23/06, 10/26/06, 10/30/06, 11/02/06, 11/07/06,
11/09/06, 11/13/06, 11/15/06, 11/16/06, 11/28/06, 11/29/06, 11/30/06, 12/18/06,
12/19/06, 12/20/06, and 12/28/06
Functional Capacity Evaluations (FCEs)/Physical Performance Evaluations
(PPEs) with, D.C. dated 04/28/05, 06/02/05, 01/18/06, 06/12/06, 10/02/06,
12/13/06, and 01/20/07
An MRI of the right ankle interpreted by, M.D. dated 05/03/05
An evaluation with, M.D. dated 06/30/05
An operative report from Dr. dated 07/07/05
Evaluations with unknown providers (no names or signatures were provided)
dated 07/07/05 and 07/08/05
An evaluation with, M.D. dated 07/08/05
A chest x-ray interpreted by, M.D. dated 07/08/05
Laboratory studies dated 07/08/05
An evaluation with another unknown provider (signature was illegible) dated
07/09/05
An evaluation with, M.D. dated 07/26/05
An evaluation with, M.D. dated 10/27/05
A preauthorization request letter from Dr. dated 12/06/05
Evaluations with, M.D. dated 01/17/06, 04/18/06, and 05/15/06
A behavioral health evaluation with, L.C.S.W. dated 01/26/06
TWCC-73 forms from Dr. dated 02/02/06, 04/12/06, and 11/06/06
Request for Reconsideration letters from Dr. dated 03/03/06 and 02/08/07

Behavioral medical service reports from an unknown provider (signature was illegible) dated 05/08/06, 08/14/06, 08/23/06, 09/01/06, 09/05/06, and 09/15/06
A Required Medical Evaluation (RME) with, M.D. dated 07/20/06
An evaluation with, M.D. dated 07/26/06
Evaluations with, M.D. dated 07/27/06, 08/04/06, 08/18/06, and 10/27/06
Evaluations with, M.D. dated 09/27/06 and 11/01/06
An MRI of the right ankle interpreted by, M.D. dated 10/17/06
Chronic pain management sessions with Dr. dated 11/28/06, 11/30/06, 12/01/06, 12/04/06, 12/05/06, 12/06/06, 12/14/06, 12/29/06, 01/05/07, 01/10/07, 01/11/07, 01/12/07, 01/18/07, 01/19/07, 01/22/07, 01/25/07, and 01/26/07
Letters of adverse determination from dated 02/02/07 and 02/13/07

PATIENT CLINICAL HISTORY [SUMMARY]:

X-rays of the right knee interpreted by Dr. on xx/xx/xx revealed soft tissue swelling. On xx/xx/xx, Dr. recommended a walker boot, crutches, and modified work duty. On, Dr. placed the claimant in a short leg cast and prescribed Lortab. On xx/xx/xx Dr. placed the claimant in a walker boot. Chiropractic therapy was performed with Dr. from xx/xx/xx through 12/28/06 for a total of 142 sessions. An MRI of the right ankle interpreted by Dr. on 05/03/05 revealed a torn anterior talofibular ligament and mild tenosynovitis and tendinosis. On xx/xx/xx, Dr. recommended right ankle surgery. The right ankle surgery was performed by Dr. on 07/07/05. On 07/26/05, Dr. placed the claimant in a short leg cast and prescribed Lortab and Skelaxin. On 10/27/05, Dr. recommended a compression stocking and a work hardening program with possible ankle splint. On 12/06/05, Dr. wrote a letter of preauthorization request for physical therapy four times a week for eight weeks. On xx/xx/xx, Dr. recommended either a program or a work hardening program. On 01/17/06, Dr. recommended a four week chronic pain management program. On 03/03/06, Dr. wrote a request for reconsideration for a chronic pain management program. On 04/18/06, Dr. recommended x-rays of the right ankle and possible surgery. Behavioral medical services were provided by an unknown provider from 05/08/06 through 09/15/06 for a total of six sessions. On 07/20/06, Dr. recommended a home exercise program and over-the-counter non-steroidals and non-narcotic medications only. On 07/26/06, Dr. recommended an ankle brace and continued therapy. On 07/27/06, Dr. recommended a pain program and prescribed Soma and Hydrocodone. On 09/27/06, Dr. recommended an MRI of the ankle and a new ankle brace. FCEs with Dr. on 10/02/06 and 12/13/06 determined the claimant functioned at the medium heavy physical demand level. An MRI of the right ankle interpreted by Dr. on 10/17/06 revealed tears of the anterior talofibular and spring ligaments. On 10/27/06, Dr. again recommended a pain management program. Chronic pain management was performed with Dr. from 11/28/06 through 01/26/07 for a total of 17 sessions. On 02/02/07 and 02/13/07, wrote letters of adverse determination for work hardening. On 02/08/07, Dr. wrote a reconsideration request letter for a work hardening program.

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

After reviewing the medical records provided, it was found that the claimant was injured on. She injured her right ankle. She had surgery to the right ankle on 07/07/05, which included resection of the distal fibula, removal of loose body in the right ankle joint, and repair of the right anterolateral ankle ligament complex. The claimant completed post surgical rehabilitation and a chronic pain program. The treatment in question is a work hardening program of 40 hours (eight hours a day for five days). According to the Guidelines for Work Hardening and Work Conditioning Programs, to be eligible for work hardening a patient must have a job goal, stated or demonstrated willingness to participate, and have identified neuromusculoskeletal physical and functional deficits that interfere with work. According to the medical records provided for review, the last FCE was performed on 01/20/07. The evaluation showed the claimant to be functioning at a medium heavy capacity. According to the dictionary of occupational titles, the claimant's job (cake decorator) is listed as light physical capacity. Since the claimant is functioning within and beyond her listed functional capacity at her job and since she has already completed a chronic pain program, the work hardening program is not medically necessary to treat the claimant.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)

Work Hardening and Work Conditioning Programs