

## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/07/07

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Work hardening five times a week for three weeks for the right foot

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

Board Certified in Orthopedic Surgery

### **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**

Evaluations with M.D. dated 05/16/06, 05/30/06, 06/06/06, 06/15/06, 06/20/06, 07/11/06, 08/02/06, 08/15/06, 08/29/06, 09/07/06, 09/26/06, 10/26/06, 11/02/06, 11/14/06, 11/30/06, 12/12/06, 01/04/07, 01/18/07, 01/23/07, 01/25/07, 02/08/07, 02/22/07, 03/08/07, and 04/05/07

An MRI of the right foot interpreted by M.D. dated 05/19/06  
An MRI of the right ankle interpreted by Dr. dated 06/16/06  
An evaluation with M.D. dated 08/29/06  
An evaluation with M.D. dated 11/13/06  
A Functional Capacity Evaluation (FCE) with P.T. dated 12/05/06  
A work hardening/conditioning evaluation with an unknown provider (no name or signature was available) dated 12/29/06  
Work hardening/conditioning progress notes from the unknown provider dated 01/09/07, 01/16/07, 01/25/07, and 01/30/07  
Weekly work hardening/conditioning progress reports from the unknown providers dated 01/09/07 and 01/16/07  
Group psychotherapy with M.Ed., L.P.C. dated 01/09/07 and 01/16/07  
A physical therapy request from Dr. dated 01/18/07  
A CT scan of the right foot interpreted by M.D. dated 02/06/07  
Preauthorization requests from an unknown physical therapist (no name or signature was available) dated 02/13/07 and 03/05/07  
A letter of adverse determination from M.D. at dated 02/19/07  
A letter of request for further work hardening from Mr. and Ph.D. dated 02/23/07  
A letter of non-authorization from M.D. dated 03/12/07  
A Designated Doctor Evaluation with M.D. dated 03/12/07  
A letter requesting an IRO from Claims Representative, dated 04/17/07

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

On 05/16/06, Dr. requested an ankle brace, physical therapy, and an MRI. An MRI of the right foot interpreted by Dr. revealed a fracture at the base of the fourth metatarsal and a sprain of the deltoid ligament. An MRI of the right ankle interpreted by Dr. on 06/16/06 revealed a joint effusion and sprain. On 08/02/06, Dr. requested a wooden sole shoe and continued physical therapy. On 08/29/06, Dr. recommended light or sedentary work duty and a possible elastic support stocking. On 09/07/06, Dr. requested further physical therapy. On 09/26/06, the patient had been approved for therapy. On 11/13/06, Dr. prescribed Lyrica and Lidoderm patches and requested a right sympathetic nerve block. An FCE with Mr. on 12/05/06 determined the patient functioned at the light medium physical demand level and a work hardening program was requested. Work hardening was performed with an unknown provider from 01/09/07 through 01/30/07 for a total of four sessions. Group psychotherapy was performed with Mr. on 01/09/07 and 01/16/07. On 01/25/07, Dr. requested a CT scan of the right foot. A CT scan of the right foot interpreted by Dr. on 02/06/07 revealed a possible fracture at the base of the third metatarsal. On 02/19/07, Dr. wrote a letter of adverse determination for further work hardening. On 02/23/07, Mr. requested further work hardening and individual therapy. On 02/27/07, Dr. requested further work hardening. On 03/12/07, Dr. wrote a letter of non-certification for additional work hardening. On 03/12/07, Dr. felt the patient was not at Maximum Medical Improvement (MMI) and required an evaluation with a foot specialist. On 04/05/07, Dr. referred the patient to a foot surgeon.

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

This is very excessive and falls outside the guidelines for ODG and ACOEM Guidelines. Based on the medical records, the patient has had a large and adequate amount of physical therapy, as well as a few visits of work hardening. I do not think a work hardening program five times a week for three weeks would be necessary.

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

- X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- 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
- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- X 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)**