CompPartners

IRO REPORT

DATE OF REVIEW: 10/23/07 **AMENDED DATE:** 10/31/07

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical appropriateness of the previously denied request for work conditioning, five times a week for a period of four weeks, four hours a day, each day (80 hours total).

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

Anesthesiologist, MD

REVIEW OUTCOME

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

□ Upheld (Agree)

□ Overturned (Disagree)

X Partially Overturned (Agree in part/Disagree in part)

40 hours of work conditioning at four hours a day, five days a week for a period of total two weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- **Notice to CompPartners, Inc. of Case Assignment dated 10/17/07.**
- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 10/16/07.**
- **Request for a Review by an Independent Review Organization dated 10/16/07.**
- **Company Request for Independent Review Organization dated 10/16/07.**

- **Adverse Determination Letter dated 9/25/07, 8/31/07.**
- **Fax Cover Sheet/Pre-Authorization Request/Comment/Message dated 10/19/07, 10/18/07, 9/17/07, 8/27/07.**
- **Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 10/17/07.**
- **Functional Capacity Evaluation dated 9/17/07.**
- **Pre-Authorization Request Form dated 8/27/07.**
- **Physical Therapy Progress Note dated 8/8/07.**
- **Prescription/Authorization Request (illegible copy) dated 8/20/07.**
- **Evaluation Report dated 7/31/07, 7/17/07.**
- **Notice of Assignment of Independent Review Organization dated 10/17/07.**
- **Examination Report dated 1/18/07.**
- **Left Knee X-Ray Report dated 2/2/07.**
- **Operative Report dated 2/2/07.**
- **Right Knee X-Ray Report.**
- **Right Femur X-Ray.**
- **Progress Report dated 1/21/07.**
- **Follow-up Evaluation Report dated 10/2/07, 8/21/07, 6/26/07, 5/23/07, 4/18/07, 3/13/07, 2/14/07.**
- **Texas Workers' Compensation Work Status Report dated 9/10/07, 8/7/07, 7/31/07.**
- **Emergency Department Medical Record Report**
- **Recheck Note dated 7/21/07, 6/29/07, 5/24/07, 4/20/07, 3/7/07, 1/19/07, 1/18/07.**

PATIENT CLINICAL HISTORY [SUMMARY]:
Age:
Gender: Male
Date of Injury:
Mechanism of Injury: Slip-and-fall.

Diagnosis: 1. Status post rupture of the right quadriceps femoris muscle. 2. Status post open surgical repair of ruptured right quadriceps femoris muscle. 3. Status post post-operative physical therapy and rehabilitation.

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

This is a male industrial worker, who was involved in a work related injury when he slipped down a step and fell. He sustained a rupture of the right quadriceps femoris muscle that required a surgical open repair performed by Dr. on 2/2/07. This patient was employed as a with active lifestyle at the time of the injury. He had a history of lumbar back injury, which resolved three years ago. No aftereffects or residual deficits were left as far as the lumbar back was concerned. Subsequent to his injury, he has undergone post-operative rehabilitation in the form of physical therapy. Although the total number of physical therapy sessions received by him remains unclear, it does appear that, with the physical therapy, he noticed gradual improvement and was able to regain a part-time

light duty with modification. Instead of being active on the patrol duty, he has now been assigned a desk position, which requires minimal physical efforts. A functional capacity evaluation of 9/17/07 yielded the following relevant information: His current physical status was considered to be at a poor level as far as right knee performance was concerned. Although, his pain scale was mild-to-moderate, he demonstrated weakness and instability involving right knee joint. As a result of this, he was unable to carry out vigorous tasks such as walking with speed or running. He required the use of knee brace, without which he had significant pain, and often, he was unable to sleep at night because of the pain. Most of his activities were restricted on an outdoor basis. His indoor activities have resumed to more or less normal. An objective clinical examination had shown that this right quadriceps muscle strength was, at best, 4/5 as compared to the 5/5, which is the normal level. He had normal motor strength in the left lower extremity. His body mechanics involving the lumbar back were considered fair, although he demonstrated a behavior where he was avoiding the use of right knee joint and was compensating with the left knee joint. Upper extremity motor power, sensations, reflexes, and grip strengths were within normal limits. He tolerated 15 minutes of static extending at the beginning and at the end of the testing, but developed pain towards the end. During an attempted progression from fast walk to the light jog, he was unable to carryout those activities because of severe pain and constant limping. He tolerated 5 minutes of static standing with 20 degree of trunk flexion. Sitting tolerance was essentially within normal limits. Squatting tolerance was essentially within normal limits. Knee tolerance was poor with the right knee joint, essentially normal with the left knee joint. Repetitive climbing at slow pace was satisfactory. Five-step climbing led to the development of the right knee joint pain. His job description as a required a heavy physical demand level (PDL) classification that necessitates prolonged sitting, standing and walking. While on the patrol duty, the ability to run in pursuit of a suspect requires optimal and perhaps the best physical conditioning and strength. Using fire weapons may require sudden squatting or kneeling, further running, fence climbing, jumping, and fast walking, or running over uneven surfaces such as tasks, hills, etc. Excellent balance and stability is required to maintain the control. Lifting abilities have to be at the maximum. His current functional ability was considered not consistent and in expectations with his anticipated job requirements. He was unable to jog or run, thus eliminating his ability to pursue the suspects. He was unable to demonstrate squatting or rapid turning movements. The instability in the knee joint would put him, as well as his co-workers, at significant risk in the event of a physical confrontation or in the event of a pursuit of a suspect. In other words, his functional abilities were considered consistent for work at a moderate level, whereas his job required a maximum PDL (i.e., maximum physical strength level). Although this patient has received appropriate post-operative physical therapy and rehabilitation, and has been able to return to a modified occupation with severe work restriction, and is essentially is performing a desk job that involve minimal functional, physical demands, his anticipated demands for return to his pre-injury occupation is at a maximum PDL level, which he has currently not achieved. A request for work conditioning has been not certified previously. Subsequent appeal for reconsideration appears not to have been certified either. Since this patient's functional capacity evaluation clearly demonstrated that he was at a medium physical demand level and is required to be at a heavy physical demand level, he is in requisite of additional work conditioning and possibly work hardening in order to be able to return to his pre-injury occupational ability, which have already been outlined above. Although he has received 20 sessions of physical therapy post-operatively, the physical therapy as an individual

treatment modality has not allowed him to regain his pre-injury functional abilities, and this has been objectively and clearly confirmed by an objective, non-biased functional capacity evaluation by a trained physical therapist on 9/17/07. It is the opinion of this peer reviewer that an aggressive home exercise program would not allow him to return to his pre-injury occupational and functional level which he is required to achieve. The request is for the consideration of 80 hours of work conditioning program at the rate of four hours a day for five days a week, for a period of four weeks. Following criteria have been taken into consideration for the determination: 1. ACOEM Guidelines, 2nd Edition, Pain, Suffering, and Functional Restoration, pages 105 to 125; especially pages 115 to 116 support the need for work conditioning referred to the enhancing coping skills on page 116. 2. Article by Sanders SH et. al. entitled Clinical Practice Guidelines for Chronic Nonmalignant Pain Syndrome Patients II: An Evidence-Based Approach, published in Journal of Back and Musculoskeletal Rehabilitation, January 1, 1999 Issue, Volume 13, pages 47 to 58 also support the above determination. 3. Neural Blockade in Clinical Anesthesia and Management of Pain, 3rd Edition, edited by Dr. Cousins and Dr. Bridenbaugh, Chapter 33, entitled the Evolution of the Specialty of Pain Medicine and Multidisciplinary Approach to the Treatment of Pain, pages 1113 to 1134. Above guidelines support the satisfaction of the following criteria which are considered appropriate for a modified determination of 40 hours of work conditioning program at four hours a day, five days a week, for a period of two weeks. Initial 40 hours of work conditioning program should allow the work conditioning team involved to determine the compliance and the ability of the patient to sustain the demands required by the program and will allow the team to determine the objective progress of this patient is regaining his functioning abilities involving the right thigh, right knee joint especially and right lower extremity and lumbar back in general. The criteria include pain persisting beyond the excepted healing time. Pain and level of the function is suboptimal in spite of appropriate conservative treatment and post-operative physical therapy rehabilitation, presence of moderately severe physical and functional deconditioning and requirement for the patient to return to his pre-injury functional capacity in order to regain his pre-injury occupation. Based upon patient meeting those criteria, it is recommended that 40 hours of work conditioning be allowed in order to improve physical strength and functioning abilities involving right lower extremity especially the right knee joint and the thigh and the lumbar back and assist the patient in developing overall work related functional abilities so that he can return to his pre-injury occupation.

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 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 CHRIOPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.

□ TEXAS TACADA GUIDELINES.

□ TMF SCREENING CRITERIA MANUAL.

□ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).

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

Article by Sanders SH et. al. entitled Clinical Practice Guidelines for Chronic Nonmalignant Pain Syndrome Patients II: An Evidence-Based Approach, published in Journal of Back and Musculoskeletal Rehabilitation, January 1, 1999 Issue, Volume 13, pages 47 to 58.

Neural Blockade in Clinical Anesthesia and Management of Pain, 3rd Edition, edited by Dr. Cousins and Dr. Bridenbaugh, Chapter 33, entitled the Evolution of the Specialty of Pain Medicine and Multidisciplinary Approach to the Treatment of Pain, pages 1113 to 1134.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.