

RYCO MedReview

DATE OF REVIEW: 10/09/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten sessions of a work hardening program five times a week for two weeks

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.

Ten sessions of a work hardening program five times a week for two weeks - Upheld

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, 04/05/07, 04/12/07, 05/17/07, 05/24/07, 06/12/07, 07/05/07, 07/24/07, 08/07/07, 08/23/07, 09/06/07, and 09/20/07

MRIs of the right foot interpreted by M.D. dated 05/19/06 and 07/17/07
An MRI of the right ankle interpreted by Dr. dated 06/16/06
Evaluations with M.D. dated 11/13/06 and 06/29/07
Psychological evaluations with Ph.D dated 11/21/06, 12/21/06, and 02/23/07
Functional Capacity Evaluations (FCEs) with P.T. dated 12/05/06, 07/16/07, and 08/28/07
A work hardening/conditioning evaluation with Mr. dated 12/29/06
Work hardening/conditioning daily progress reports from an unknown provider (the signature was illegible) dated 01/03/07, 01/08/07, 01/09/07, 01/10/07, 01/11/07, 01/12/07, 01/16/07, 01/17/07, 01/18/07, 01/19/07, 01/22/07, 01/25/07, 01/26/07, 01/29/07, 01/30/07, 08/01/07, 08/02/07, 08/06/07, 08/07/07, 08/08/07, 08/09/07, 08/10/07, 08/13/07, 08/14/07, and 08/15/07
A work hardening/conditioning weekly progress report from an unknown therapist (the signature was illegible) dated 01/09/07
Group psychotherapy with L.P.C. dated 01/09/07, 01/16/07, 08/07/07, and 08/14/07
Work hardening weekly progress reports from M.D. and Mr. dated 01/16/07, 08/07/07, and 08/14/07
A CT scan of the right foot interpreted by M.D. dated 02/06/07
A reconsideration letter from Dr. dated 05/09/07
Prescriptions from Dr. dated 05/18/07 and 07/05/07
Preauthorization requests from Dr. dated 05/18/07 and 07/05/07
Evaluation requests from Professional Physical Therapy dated 07/19/07 and 09/04/07
A prescription from Dr. dated 08/23/07
A letter of non-certification, according to the ODG, from M.D. dated 09/07/07
A letter of reconsideration request from Dr. dated 09/10/07
A letter of non-certification, according to sources other than the ODG, from M.D. at dated 09/14/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 05/16/06, Dr. recommended anti-inflammatories, an ankle brace, physical therapy, and MRIs of the ankle and foot. An MRI of the right foot interpreted by Dr. on 05/19/06 revealed a fracture of the base of the fourth metatarsal, a deltoid ligament strain, and posttraumatic changes of the foot. An MRI of the right ankle interpreted by Dr. on 06/16/06 revealed a significant tibiotalar joint effusion and deltoid ligament sprain. On 09/07/06, Dr. recommended further physical therapy. On 11/13/06, Dr. prescribed Lyrica and Lidoderm patches and recommended a right sympathetic nerve block and physical therapy. On 11/21/06, Dr. recommended psychological testing. Based on an with Mr. on 12/05/06, a work hardening program was recommended. On 12/21/06, Dr. recommended six sessions of psychotherapy. Work hardening/conditioning was performed with an unknown provider from 01/03/07 through 08/15/07 for a total of 25 sessions. Group psychotherapy was performed with Mr. from 01/09/07 through 08/14/07 for a total of four sessions. 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 02/23/07, Dr. recommended further work hardening. On 05/09/07, Dr. wrote a reconsideration request for a right sympathetic nerve block. On 06/29/07, Dr. recommended a third lumbar sympathetic block, Naprelan, Xodol, and desensitization therapy. An MRI of the right foot interpreted by Dr. on 07/17/07 revealed bone marrow edema of the third metatarsal and an ATL sprain. On 07/24/07 and 08/23/07, Dr. requested work hardening. Based on another FCE with Mr. on 08/28/07, further work hardening was requested. On 09/07/07, Dr. wrote a letter of non-certification for further work hardening. On 09/10/07, Dr. wrote a letter of reconsideration for additional work hardening. On 09/14/07, Dr. wrote a letter of non-certification for additional work hardening.

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

According to the ODG, 20 sessions of work hardening spaced over a four week timeframe is reasonable and necessary. The patient has already exceeded that, having had five weeks of work hardening. While he did make progress, it is unclear from the medical records that additional treatment would render significant functional results. The history of work hardening or work conditioning is at the most significant gains made in the first several weeks of the program. The patient has received significant psychotherapy. It is unclear if further psychotherapy will change his mental condition. He has received a significant amount of physical conditioning and it is unclear whether exercise will make a change in his condition. Therefore, based upon my clinical experience, my past history as a director of a work hardening program, and the ODG, I do not believe an additional ten session of a work hardening program five times a week for two weeks will substantially change the patient's condition. Therefore, it is neither reasonable nor necessary.

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)