IRO Express Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW:
February 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Ten additional sessions of work hardening/conditioning

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
No OD Guidelines
Office Note, Dr., 06/14/07
Operative Report, 06/18/07
Functional Capacity Evaluation, 10/23/07
Work Conditioning Progress Reports, 11/09/07, 11/16/07, 11/23/07, and 11/29/07
Work Hardening Progress Reports, 01/11/08 and 01/18/08
Office Notes, Dr., 12/11/07 and 01/08/08
Office Notes, Dr., 01/10/08 and 01/18/08.
Letters from, 01/24/08 and 01/29/08
Impairment Rating Examination, Dr., 01/29/08
Review, Dr., 01/23/08
Review, Dr., 01/29/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year-old male who sustained a left knee injury while pulling a welding cart on xx/xx/xx. He reported a painful popping sensation and was diagnosed with a patellar tendon rupture. Radiographs from the date of injury as well as on xx/xx/xx noted patella alta and the claimant was unable to extend his knee on physical examination. He underwent patella tendon repair on 06/18/07.
A functional capacity evaluation was conducted on 10/23/07 and noted job requirements that included climbing stairs and ladders; working at heights walking on I-beams; crouch; knee; crawl; balance; and maintain awkward positions. The evaluator concluded the claimant was unable to safely return to his regular work activities due to decreased function, pain and weakness. The claimant attended a four week work conditioning program and completed twenty sessions with noted improvement; however, he continued to lack balance, full strength and endurance. Physical examination on 12/11/07 demonstrated significant left quadriceps atrophy. The claimant then completed ten sessions of work hardening over two weeks. There was some improvement in the atrophy noted and progress was made with balance and strength; however, he became fatigued easily and it was determined he was not quite ready to safely return to extended periods of work on narrow beams at high levels.

An impairment rating examination completed on 01/29/08 indicated the claimant had not reached maximal medical improvement and a recommendation was made to complete the four week work hardening program. Physical examination noted pain with activity and weakness that limited walking, standing, sitting and negotiating stairs. It was noted that the claimant remained employed by the original employer.

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

The Reviewer is unable to justify an additional ten sessions of work hardening for this claimant. It has now been nine months since the claimant underwent repair of his patellar tendon. He has received postoperative therapy and forty sessions of work hardening. The claimant was noted to have 5/5 strength of the quadriceps on evaluation 01/29/08. Though the examining physician felt that the claimant had not reached maximal medical improvement, the Reviewer does not believe that further work hardening will make the claimant achieve maximal medical improvement any sooner, having already received forty sessions. This is consistent with the claimant's normal quadriceps strength by evaluation. In general, maximal medical improvement after a patellar tendon repair occurs at between nine and twelve months postoperatively. Though the Reviewer does agree the claimant may not be a maximal medical improvement at this time, the Reviewer would not expect significant functional gains on the basis of further work hardening beyond the forty visits that have already been received.

- Official Disability Guidelines Treatment in Worker's Comp 2008 Updates; Knee-Work Hardening

Criteria for admission to a Work Hardening Program:
1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
2. A defined return to work goal agreed to by the employer & employee:
   a. A documented specific job to return to, OR
   b. Documented on-the-job training

3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

- Official Disability Guidelines Treatment in Worker's Comp 2008 Updates; Knee-Physical Therapy

Work conditioning 12 visits over 8 weeks

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)**