



## Notice of Independent Review Decision

### **DATE OF REVIEW:**

01/15/2008

### **IRO CASE #:**

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

Work Conditioning five times per week for two weeks.

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

Board Certified Orthopaedic Surgeon

### **REVIEW OUTCOME**

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

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.

**Work Conditioning five times per week for two weeks is not medically necessary.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Case Report dated 01/07/08
- Referral dated 01/07/08
- DWC: Notice To Of Case Assignment dated 01/02/08
- DWC: Notice To Utilization Review Agent Of Assignment dated 01/02/08
- DWC: Confirmation Of Receipt Of A Request For A Review dated 12/31/07
- LHL009: Request For A Review By An Independent Review Organization dated 12/31/07
- Letter dated 12/11/07 from, M.D.
- Fax cover sheets with referral requests dated 12/04/07, 11/28/07
- Notification of Determination dated 12/03/07 from, M.D.
- Evaluation dated 10/26/07 from, M.D.
- Therapy Referrals dated 10/26/07, 09/28/07, 08/31/07, 08/03/07
- Functional Capacity Evaluation dated 10/18/07
- Preauthorization Dept. faxes dated 10/01/07, 09/04/07, 08/03/07
- DWC-73: Work Status Report dated 09/28/07
- Transcription notes dated 09/04/07, 08/31/07, 08/03/07
- Health Care Coverage Position on Lower Limb Prosthetic Devices dated 08/15/07
- Medical Policy dated 07/02/07
- Hospital: Operative Report dated 06/21/07
- Medical Centers: Patient Referral with Visit Date of xx/xx/xx
- Undated, handwritten Physical Therapy Prescription

- NOTE: Carrier did not supply ODG guidelines.

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

The documentation from the operating surgeon is sparse and only includes an operative note and a single follow-up evaluation. The injured individual is a xx-year-old female who was reported to have sustained injury in a fall on xx/xx/xx. She is employed as a xxxx for xxxx and tripped and fell. An operative note was dictated on 09/19/2007 for the case, which was done on 06/21/2007. M.D., Orthopedic Surgeon, performed an open reduction and internal fixation of a closed displaced bimalleolar ankle fracture. The injured individual was seen by M.D. of, treating physician, in follow-up on 08/31/2007. A Functional Evaluation was performed on 10/18/2007 and the initial recommendation for a work-conditioning program first was noted. The last note is dated 10/26/2007 by Dr.. He reported she was still using a cane. He suggested that the injured individual might benefit from work conditioning following her completion of physical therapy (she had two visits remaining). There was little objective documentation of physical deficits on that visit.

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

The injured individual is six and one half months status post open reduction and internal fixation of a closed displaced bimalleolar ankle fractures. A fracture of this type would be expected to have healed within six to eight weeks of surgery. It is unclear why definitive fixation was delayed for eighteen days. The injured individual was then reported to have undergone an outpatient physical therapy program. There is no medical documentation of her status following the office visit of 10/26/2007. The injured individual's body habitus (five feet - 194 pounds) may be an issue with her overall functional status. FCE noted that she was having problems with her left knee. The FCE did not adequately define the reason that she was not capable of a higher level of function. The injured individual was only employed in this position for five days prior to injury and may be another confounding variable.

The **Official Disability Guidelines** for physical therapy:

**Fracture of ankle, Bimalleolar (ICD9 824.4):**

Post-surgical treatment (ORIF): 21 visits over 16 weeks

The Guidelines do not have a recommendation for either a work conditioning or work hardening program following operative fixation of an ankle fracture. It is typically reserved for patients with potentially protracted recovery i.e. Low Back Pain (LBP). **The best way to get an injured worker back to work is with a modified duty return to work (RTW) program.** The injured individual has been participating in one since 08/2007.

**The Official Disability Guidelines;** typically reserved for chronic LBP

**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 with job demands that exceed abilities, 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.

It is unclear what if any physical deficits are present that prevents the injured individual's return to full duty as a result of the occupational injury of 06/03/2007. She is not a candidate for a work-conditioning program since she has already been in a modified return to work status.

The **Medical Disability Advisor's** length of disability for an injury of this magnitude:

**Fracture, single malleolus or bimalleolar (open).**

**DURATION IN DAYS**

Job Classification	Minimum	Optimum	Maximum
Sedentary	14	28	42
Light	56	70	84
Medium	70	84	98
Heavy	84	98	112
Very Heavy	84	98	112

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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**