



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: July 8, 2008

IRO Case #:

Description of the services in dispute:

Work conditioning 5xwk x 4wks on the left foot

Work conditioning 5xwk x 4wks on the right ankle

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Osteopathic Board of Orthopedic Surgery. This reviewer is a fellow of the American Osteopathic Academy of Orthopedics. This reviewer is a member of the American Osteopathic Association and the Texas Osteopathic Medical Association. This reviewer has been in active practice since 1997.

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.

The request for work conditioning 5xwk x 4wks on the left foot and work conditioning 5xwk x 4wks on the right ankle is not medically necessary.

Information provided to the IRO for review

Records from the State:

- Confirmation of Receipt of a Request for a Review by an Independent Review Organization, 6/19/08
- Company Request for IRO
- Request for a review by an Independent Review Organization, 6/16/08
- Letter, MD, Workers' Comp Services, 5/12/08
- Letter, DO, Workers' Comp Services, 5/27/08
- Letter, DO, Workers' Comp Services, 5/28/08
- Notice of Case Assignment

Records from:

- Authorization request
- Physical Therapy Referral Form, Physical Therapy, 5/6/08
- Progress report, Physical Therapy, 5/6/08
- Fax coversheet, Physical Therapy, 5/20/08
- Authorization request
- Letter, MD, Workers' Comp Services, 5/12/08
- Letter from MD, 5/20/08
- Letter, PT, DPT, 5/20/08
- Healthcare System Examination, 3/28/08
- Radiology reports, 4/16/08
- Notice of Assignment of Independent Review Organization

Records from Dr.:

- Letter, MD, 5/20/08
- Texas Workers' Compensation Work Status Report, 5/5/08
- Texas Workers' Compensation Work Status Report, 4/17/08
- Texas Workers' Compensation Work Status Report, 4/3/08
- Fracture Follow Up notes, 5/5/08, 4/17/08
- Office notes, 4/3/08

Patient clinical history [summary]

The patient is a xx year-old female who injured her left foot and right ankle at work on xx/xx/xx. The patient was diagnosed with a sprain of her right ankle and a fracture of her left second metatarsal. Initially she was given a cast boot for her right ankle injury. She underwent 12 visits to physical therapy but continues to need crutches. The patient is a xxx and at this time cannot return to work.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The patient is a xx year-old female who was injured at work on xx/xx/xx. At that time she injured her right ankle and her left foot. The patient is a xxx. Initially she was placed into a boot for her right ankle sprain and was not placed into anything for her left foot fracture. She has also been using crutches. The patient has had 12 visits to physical therapy but still is complaining of pain and has loss of motion.

In regards to the request for work conditioning, there is no mention of work conditioning allowed for foot or ankle injuries. Though ODG does discuss physical therapy. Up to 12 sessions of work conditioning would be reasonable in this case; however, the request for 20 sessions of work conditioning for both the left foot and right ankle is not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the

decision:

Per ODG guidelines– ankle section:

Physical therapy (PT)

Ankle Sprain (ICD9 845.0):

Medical treatment: 9 visits over 8 weeks

Metatarsal stress fracture (ICD9 825):

Medical treatment: 12 visits over 12 weeks

ODG does not address work conditioning for foot or ankle.

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