

# MEDICAL REVIEW OF TEXAS

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**DATE OF REVIEW:** MARCH 31, 2008

**IRO CASE #:**

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

20 Sessions of Work Hardening Program

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Diplomat of the American Board of Physical Medicine and Rehabilitation

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Records [1/29/08, 1/18/08]
2. Clinic pre-certification [1/21/08, 1/15/08]
3. Functional Testing [1/15/08]
4. Work Hardening Assessment Psychosocial History [1/10/08]
5. Records [2/26/07-5/23/07]
6. Care Center [Pre-Auth request, 5/21/07, 5/17/07, 5/15/07]
7. Clinic correspondence [3/14/08]; Request for Reconsideration [1/18/08]; Pre-Authorization Request [1/15/08]
8. No ODG guidelines provided

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Records reflect this gentleman works as a xxx. He dropped a 110 lb. pipe on his foot and had a fractured hallux. He underwent injection with Celestone and had a functional capacity evaluation showing light medium demand level and states his job is normally full or heavy physical demand level.

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

A FRACTURE OF A TOE DOES NOT REQUIRE RECONDITIONING OF THIS INTENSITY OR NATURE BECAUSE OF FUNCTIONAL DECONDITIONING WHILE THE PATIENT WAS RECOVERING FROM HIS INJURY. THE MOST COMMON PRACTICE IS A RETURN TO WORK AT A MODIFIED DUTY STATUS FOR A COUPLE OF WEEKS WITH ESCALATION OF DUTY EACH WEEK UNTIL A FULL DUTY PERIOD IS ACHIEVED. CERTAINLY, HIS PERFORMANCE ON FUNCTIONAL CAPACITY EVALUATION IS NOT A DIRECT RESULT OF FRACTURE OF THE TOE. IT MIGHT BE DIMINISHED EFFORT AND IT ALSO MIGHT BE SOME FUNCTIONAL DEFICIENCY FLAW NOT WORKING AS PREVIOUSLY WHILE HIS TOE WAS NON-INJURED, WHICH IS NOT AN INDICATION FOR AN EXTENSIVE WORK HARDENING PROGRAM BASED ON THE RECORDS PROVIDED. THIS IS CONSISTENT WITH ODG GUIDELINES.

**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)