

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: March 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening and Work Hardening each additional hour

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 11/14/07 and 12/6/07

Medical Records 11/8/07 thru 2/22/08

Letter Dr. 11/8/07, 11/26/07

Psychosocial Assessment 11/6/07

Functional Capacity Assessment 11/7/07

Designated Doctor Examination Dr. 10/31/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a man had a crush injury to his foot. He received some therapies. His recovery was reported slow. Dr. found no evidence of any complex regional pain disorders. His xray summary, cited again later by Dr. was that he has degenerative changes and

arthropathy of the first metatarsal phalangeal joint with local edema and effusion. Dr. and Dr. and Ms. noted him as being depressed. He is over weight at 367 pounds even at 73 inches tall. They did not describe him as muscular. An FCE on 11/7/07 that showed him to be functioning at a Medium and not the Heavy PDL required of his job. Dr. noted poor standing and walking ability. Dr. as a designated doctor, felt him to be at MMI with a 0% impairment rating and not in need of any work hardening. Dr. and Dr. cited the Texas Medical Fee Guidelines as the reason for the work hardening program. This is not the current criteria used. The current criteria for treatment under the ODG and Reed's medical Disability Advisor.

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

The ODG treatment for the toe injuries does not include work hardening codes in the following sections. There is no specific crush injury, but medical treatment for fractures and bunions are also listed. :

928.3 Toe(s)

Return-To-Work Summary Guidelines		
Dataset	Midrange	At-Risk
Claims data	34 days	140 days
All absences	14 days	97 days

Return-To-Work "Best Practice" Guidelines
Minor: 0-7 days
Amputation, clerical/sedentary work: 14-28 days
Amputation, manual/standing work: 28-140 days

ICD-10 Code: S97.1

ODG Treatment Contents: [ODG/TWC Index](#)

ODG Treatment UR Advisor: [928.3](#)

Other Links: Click below for detailed information on this condition:

[Merck Manual](#) | [Merck Home Edition](#) | [NGC](#) | [State Guidelines](#)

Hospital Costs: \$18,495 (average of 79 cases)

Hospital Length Of Stay: 6.6 days

Common Procedure Codes (see ODG Treatment for auto approval codes):

[11730](#) [11740](#) [73630](#) [73660](#) [99202](#) [99203](#) [99204](#) [99212](#) [99213](#) [99214](#) [99282](#) [99283](#) [99284](#)

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

Hallux valgus (ICD9 735.0):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Hallux varus (ICD9 735.1):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Hallux rigidus (ICD9 735.2):

Medical treatment: 9 visits over 8 weeks

Fracture of one or more phalanges of foot (ICD9 826):

Medical treatment: 12 visits over 12 weeks

Post-surgical treatment: 12 visits over 12 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)