DATE OF REVIEW: May 28, 2008

IRO Case #:

Description of the services in dispute:
Work hardening program and functional capacity evaluations

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 Board of Physical Medicine & Rehabilitation in General Physical Medicine & Rehabilitation and Pain Medicine. This reviewer has been in active practice since 2005.

Review Outcome
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

The work hardening program and functional capacity evaluations are not medically

necessary.

Patient clinical history [summary]
The patient is a female who is reported to have sustained an injury to her right knee as a result of work related activit. The first available medical record is a behavioral health medicine evaluation performed on 07/12/07. At this time the patient reports she sustained a compensable work related injury to her right knee on xx/xx/xx while performing her duties as a . She reports she was picking
up a box full of frames when she felt a pop in her right knee. She initially sought treatment from her primary care provider. She was taken off work, given medication and imaging studies were ordered. On 09/19/05 the patient underwent MRI of the right knee which indicated a small knee joint effusion, a popliteal fossa cyst formation and likely bursa formation around the origin of the medial head of the gastrocnemius, subchondral cyst formation below the intercondylar eminence

likely degenerative in nature, mild degenerative thinning of the medial femoral condylar cartilage to a greater extent than the lateral but no significant signal changes, a probable small focus of osteochondritis desiccans along the anterior articular surface of the internal femoral condyle. Additionally an MRI of the left knee was performed on this same date which showed small bursal fluid collection at the head of the gastrocnemius origin medially, mild chondromalacia patella confined to the lateral patellar facet cartilage with no evidence for subchondral signal changes and mild early degenerative changes. She was provided work restrictions. Subsequently the patient reports that her work restrictions were not followed by her employer. She was intermittently seen by a company doctor and received physical therapy treatments. She was subsequently referred to Dr. and received injections for pain. She is reported to have undergone MR arthrogram of the right knee on 02/16/06 which is reported to show a tear of the posterior horn of the medial meniscus near the intercondylar fossa with a probable tear of the anterior horn of the lateral meniscus, a tiny Baker's cyst and a probable ganglion associated with proximal attachment of the medial head of the gastrocnemius and there is mild degenerative change throughout the knee. Dr. subsequently took the patient to surgery on 07/20/06 and it is reported that she underwent partial medial and lateral meniscectomies and repair of the ACL. The patient subsequently transferred her care to D.C. and
the patient was referred for some level of behavioral health care. It is noted that the patient was not given a Beck Depression Inventory or Beck Anxiety Inventory. The evaluator reports the patient does not have sufficient education and literacy to understand a complete battery of formalized psychological testing and assessments and therefore they were not performed. It is the evaluator's position that given her current affect of distress it is recommended that the patient be proposed with a comprehensive return to work program with a behavioral component. This report was
authored by MA, LPC. Records indicate that the patient participated in a work conditioning program from 07/12/07-11/02/07. The record includes a clinical note from Dr. dated 12/10/07. Dr. notes the history above and indicates that the patient underwent surgery on 07/20/06 by Dr. as
described above. He reports since the surgery the patient has not regained full function of her knee. She is still stiff and has some swelling. She feels like her knee is weak and cannot bend down in a squat position with full range of motion. On physical examination she has well healed surgical scars. She has good range of motion with no crepitus appreciated. She does have some difficulty in assuming a squatting position. Her right knee does appear to be slightly larger than her left due to some residual swelling. Dr. reports that he has previously recommended the patient for a work conditioning program to increase her range of motion and function of her right knee and return her to a previous work status. She is reported to have shown some appreciable gains after completing
30 days of care. He notes that these services were not reimbursed as unnecessary medical treatment based upon a peer review. Dr. disagrees with the recommendations of Dr. He notes

that the patient participated in a brief course of PT following surgery and was referred for a work conditioning program with Texas Health. The record includes a letter which indicates that enclosed are copies of EOBs and claims. She notes the claims were denied as unnecessary medical treatment on peer review. She further reports that they are accredited and therefore preauthorization is not required.

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

The retrospective review of work hardening program from 07/12/07 through 11/02/07 and functional capacity evaluations are not supported by the submitted medical documentation. It is noted that Dr. has previously reviewed this case and on peer review found services not to be medically necessary. Dr. 's report is not submitted from which to evaluate his opinion; however, the submitted clinical information does not establish the medical necessity for the program. The clinical records submitted do not include any history of treatment or operative report or MR arthrogram regarding this patient's injuries and subsequent treatment. The first available record is an initial behavioral medicine evaluation which opines that the patient requires a formalized comprehensive return to work program with a behavioral component which would be a work hardening program. The information contained in this report while providing some information regarding the patient's treatment does not provide sufficient information regarding the psychological status of the patient to establish the need for a work hardening program. It is noted that the patient was not provided a complete battery of formalized psychological testing and assessment to establish that the patient has a clear psychological overlay that would benefit from a work hardening program. Please note that the serial notes submitted indicate that the patient potentially underwent a work conditioning program. Dr. has submitted a clinical note which indicates that the patient had previously been treated with a partial medial and lateral meniscectomy and repair of the ACL. It is unclear if this surgery was medically indicated based upon the patient's imaging study; however, nonetheless this surgery was performed. He reports that the patient has a significant deficit postoperatively; however, his physical examination indicates that she has good range of motion with no crepitus and that the patient has some difficulty assuming a squatting type position. He reports potential residual swelling. This single clinical note does not provide a detailed physical examination that would establish that the patient has a significant deficit that would require the additional treatment with work conditioning or work hardening. He further notes that the patient has undergone postoperative physical therapy; however, he does not detail the nature and extent of the physical therapy that the patient received. It is further noted that the submitted medical records do not contain employee job description or required physical demand level. There are no functional capacity evaluations submitted to provide what the patient's pre-program level of function was and a post work conditioning/hardening FCE to establish whether or not the patient achieved the program goals and was able to return to work

at regular duty or with some restrictions. Given this lack of objective clinical information, medical necessity for this program is not established.

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

1. The Official Disability Guidelines, 11th edition, The Work Loss Data Institute.
2. The American College of Occupational and Environmental Medicine Guidelines; Chapter 12.
3. Theodore Doege, MD, Thomas Houston, MD, et.al. The American Medical Association Guidelines to the Evaluation of Permanent Impairment, 4th edition, 4th printing; October 1999.