

I-Decisions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(207) 338-1141 (phone)

(866) 676-7547 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: May 19, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

30 Sessions of Work Hardening Program

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 Orthopedic 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)

Upon independent review the reviewer finds that the requested 30 sessions of Work Hardening Program is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 3/4/08, 3/10/08

ODG Guidelines and Treatment Guidelines

FCE, 2/12/08

MD, 1/10/08-2/19/08; 10/16/07-12/6/07; 9/11/07-10/11/07; 9/4/07, 3/4/08, 2/21/08-5/6/08

Medical Center, 9/4/07, 9/6/07

CT Left Ankle, 9/5/07
CT Foot, 9/5/07
Physical Therapy, 10/19/07
PhD, 3/17/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a man who is employed as a . He was injured when a heavy object fell on his left foot. He apparently sustained fractures of two cuneiforms, an undisplaced V metatarsal fracture and a 4mm laterally displaced second metatarsal fracture. This is through LisFranc's functional joint. Surgery was not performed because of the skin conditions. He developed cellulitis about a week after the injury and was hospitalized. He was treated nonoperatively with casting. He had some muscle atrophy in his cast. He underwent an FCE on 2/12/08 that showed he was capable of medium level work. There was no job description, and the therapists derived his work level from his verbal description. He had regained enough strength and lifting to be able to do his job. He however remained symptomatic about his foot. A fusion is still under consideration. He continued to have pain on the dorsum of his left foot and tenderness in his foot. He reportedly needs to stand at work although Dr. previously wrote on 12/6/07 that "He is going to be advanced to regular duty at his request. He states that he will be able to sit whenever he needs to." Apparently, the sitting is no longer an option. Dr., a psychologist, described him as having constant electrical pain along the lateral foot. It worsens after walking 10 minutes and after standing for an hour. He had some psychological distress following his injury. He was prescribed rocker bottom shoes that had not arrived, presumably to minimize stress and motion at the midfoot. Dr. wrote on 2/26/08 that ""We are going to try to place him in a work hardening program to try to avoid the possible fusion of that joint." PT has loss of flexibility. He has problems with standing and walking , kneeling etc. and increased pain in the left foot. The current request is for 30 sessions in a Work Hardening Program.

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

Upon review of the provided medical records and ODG Guidelines this reviewer finds that the requested 30 sessions of Work Hardening program is not medically necessary. There is no doubt that this man sustained the fractures and has pain. The pain is associated with activity. The therapist during the FCE described increased pain with standing, walking, kneeling, and other activities that would stress his foot, especially the mid foot joints. The FCE on 2/12/08 showed he was capable of medium level work. I doubt that work hardening would improve his tolerance. The concept of work hardening is to improve stamina from a case of deconditioning, rather than to stress a damaged joint. I would anticipate increased symptoms with work hardening. The goal of work hardening is "improvement in the client's productivity", Matheson cited by Isernhaven in Disability Evaluation by Demeter and Andersson 2nd edition. It would be interesting to evaluate this patient's symptoms after using the rocker bottom shoes.

There are no specific points to cite in the ODG regarding work hardening for foot injuries. Extrapolation would be inappropriate since the problems tested are different.

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
DISABILITY EVALUATION BY DEMETER AND ANDERSSON 2ND EDITION
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)