

MATUTECH, INC.

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Amended May 6, 2008

DATE OF REVIEW: MAY 5, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program (97545 and 97546). **Service dates:** 04/26/07 – 06/07/07. 18 sessions

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support the medical necessity** of Work hardening program (97545 and 97546). **Service dates:** 04/26/07 – 06/07/07. 18 sessions

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Peer review, billing retrospective review (06/24/07)
- Bills (04/25/07 – 06/07/07)

Insurance Company

- Office notes (07/30/06 – 03/23/07)
- Procedure (08/24/06)
- Physical therapy (10/05/06 – 12/27/06)
- FCE (02/12/07 and 04/20/07)
- Work hardening program (04/23/07 – 06/07/07)

ACOEM and ODG have been used for denial.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured when he fell downstairs while moving a hot water heater. He sustained fracture of the left medial malleolus and developed pain in his back, left buttock, thigh, and leg.

The patient presented to Regional Hospital where x-rays revealed a left ankle fracture. He was fitted with a splint cast and was discharged on medications.

On August 24, 2006, M.D., performed open reduction internal fixation (ORIF) of the left medial malleolus fracture. In September, the patient attended 34 sessions of physical therapy (PT) consisting of manual therapy, hot/cold packs, electrical stimulation, gait training, neuromuscular re-education, ultrasound, and therapeutic exercises. The patient continued to have difficulty in great toe while walking. Dr. recommended additional PT, which was non-authorized.

Dr. assessed maximum medical improvement (MMI) as of February 1, 2007, and assigned 0% whole person impairment (WPI) rating. In a functional capacity evaluation (FCE), the patient qualified at a medium physical demand level (PDL). X-rays of the lumbar spine showed spondylotic changes at L3-L4 and L4-L5.

M.D., assessed displacement of the lumbar intervertebral disc and recommended work hardening program (WHP) for returning to work. In an initial diagnostic screening, the patient was diagnosed with pain disorder, depressive disorder, and anxiety disorder. In an FCE, he qualified at a light PDL.

From April 23, 2007, through June 7, 2007, the patient attended 21 sessions of WHP.

On June 19, 2007, M.D., performed a peer review and noted the following: *According to Dr., an associate of Dr. the patient received 27 sessions of WHP from April 23, 2007, through June 7, 2007. When asked what job the patient was preparing to return to, Dr. stated that the patient had been discharged from his previous job and there was no indication in the notes of any job offer, training program, or new job.* Dr. rendered the following opinions: (1) The patient did not appear to have met evidence-based treatment guideline criteria for participation in a WHP prior to his participation in such a program in April and May of 2007. (2) The course of treatment, 27 visits, exceeded ODG guidelines of three to five days per week for a total of four weeks or less. The provider was unable to provide a clinical rationale for extending the course of the WHP beyond four weeks. (3) Because of the lack of specific work goals, this WHP did not appear to have been medically indicated (the patient did not have a job to return to).

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. REVIEW OF BOTH ODG CRITERIA EXCLUDE THIS INDIVIDUAL AS A CANDIDATE FOR WORK HARDENING. ODG STATES:

Criteria for admission to a Work Hardening Program:

1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
2. A defined return to work goal agreed to by the employer & employee:
 - a. A documented specific job to return to with job demands that exceed abilities, OR
 - b. Documented on-the-job training
3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

In addition, it is recommended that an initial ten be approved and if there is good to excellent progress up to twenty would be reasonable.

In conclusion, this was not a work hardening candidate per ODG and the sessions exceed the initial recommendations.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES