

Notice of Independent Review Decision

DATE OF REVIEW:

10/20/2008

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Work Conditioning for eight sessions.

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME

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

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.

The additional Work Conditioning for eight sessions is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 10/17/08 Fax cover sheet with Comments from M.D.
- 10/08/08 MCMC Referral
- 10/07/08 Notice Of Assignment of Independent Review Organization
- 10/07/08 Notice To Utilization Review Agent Of Assignment
- 10/07/08 Notice To MCMC, LLC Of Case Assignment
- 10/07/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 10/06/08 Patient Diagnostic Report (MRI right hip), Medical Center
- 10/01/08 letter from RN,
- 09/24/08 Request For A Review By An Independent Review Organization
- 09/10/08 letter from RN,
- 09/05/08 Fax cover sheet with notes from Orthopedic Therapy Specialists
- 08/29/08, 08/19/08, 08/12/08, 08/05/08 handwritten chart notes, Ph.D.
- 08/28/08, 07/17/08, 06/16/08, 05/15/08, 04/14/08, 03/13/08, 02/07/08 chart notes, M.D.
- 08/28/08, 06/26/08 (two) letters from Ph.D.
- 07/17/08 Work Conditioning Program, Daily Progress Note
- 07/17/08 letter from PT, Orthopedic Therapy Specialists

- 06/04/08 Discharge Summary, Sierra Providence
- 05/15/08, 05/05/08, 05/01/08 (Physician signature dates), 03/14/08 (Therapist signature date) PT Progress Reports,
- 03/31/08 History and Physical, M.D., Hospital
- 02/14/08 Outpatient Services Initial Assessment, Physical Therapy
- Undated Treatment Order, Sports Injury Rehabilitation & Orthopedic Physical Therapy Specialists
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who has history of a right hip fracture that required Open Reduction Internal Fixation (ORIF) with a date of injury of xx/xx/xx. According to a clinic note by Dr. on 08/28/08, the injured individual was mentioned as having a right hip fracture as well as post traumatic stress disorder since the injury with continued right hip pain and the injured individual using a cane, but no detailed objective physical exam findings were listed. The injured individual did receive treatment in a Work Conditioning program and in a Work Conditioning progress note on 07/17/08, it was mentioned that ten approved sessions of a Work Conditioning program were completed with progress made and an additional ten sessions were recommended. There was no documented Functional Capacity Exam (FCE) detailing the injured individual's current specific physical demand level and what his job requirement physical demand level is supposed to be. It is also not clear as to what specific return to work goals are in place and whether the injured individual is motivated to return back to work or not. It is also not clear why the injured individual could not transition into a home exercise program daily for long term maintenance and conditioning as well.

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

It is not clear from the available documentation/information as to the injured individual's current objective findings occurring at this point. There was also no documented FCE detailing the injured individual's current specific physical demand level and what his job requirement physical demand level is supposed to be. It is also not clear as to what specific return to work goals are in place and whether the injured individual is motivated to return back to work or not or has a job to return back to. It is also not clear why the injured individual could not transition into a home exercise program daily for long term maintenance and conditioning as well. The requested additional eight sessions of Work Conditioning would be in excess of the recommended amount of work conditioning treatment within the parameters of the Official Disability Guidelines (ODG) as well. Since the medical necessity has not been established for the additional Work Conditioning program for eight sessions, this request is therefore, not medically reasonable or necessary.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES: ODG guidelines regarding work conditioning for the hip/pelvis, "Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. These programs should only be utilized for select patients with substantially lower capabilities than their job requires. Work Conditioning should restore the client's physical capacity and function at 9 visits over 8 weeks."