MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: April 10, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Work hardening five times a week for two weeks (80 hours)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice in the state of Texas for over 25 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 the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained injuries to his right ankle, right foot, and back on xx/xx/xx, after being hit by a high pressure water line on a pipe while he was working.

Following the injury, the patient was evaluated at an emergency department (ED) for complaints of right ankle pain, right foot pain, and back pain. History was significant for non-insulin-dependent diabetes mellitus. X-rays of the chest and thoracic spine were unremarkable, while x-rays of the right ankle revealed possible fracture at the base of the second metatarsal and hallux valgus deformity at the first metatarsal head with small healed erosion suggesting changes of gout. The patient was placed in an orthopedic boot, prescribed Norco, and advised to use crutches.

The patient then visited, D.C., for right ankle sprain, swelling, feeling of pins and

needles in the right foot, and pain and stiffness in the mid back. Dr. recommended active rehabilitation and cold packs while at home.

Magnetic resonance imaging (MRI) of the right ankle demonstrated partial tears of the anterior talofibular and calcaneofibular ligaments and small joint effusions.

M.D., an orthopedist, noted the patient had been using a 3D ankle walker and had discontinued use of crutches. He had pain with weightbearing in the 3D ankle walker. Examination revealed pain over the right mid foot, particularly at the base of the second metatarsal; tenderness at the lateral ligaments and the tip of the lateral malleolus; and mild swelling. Dr. advised him to continue the use of 3D ankle walker for six weeks and to use crutches until he was pain free.

M.D., a pain management physician, prescribed diclofenac and cyclobenzaprine.

In October, the patient reported severe pain as he had been weightbearing without his crutches. Dr. advised him to use crutches and remain nonweightbearing until his fracture had completely healed.

X-rays showed that the second metatarsal base fracture was resolving. The patient was advised to begin gradual progress with weightbearing as tolerated in the 3D ankle walker and was subsequently advised to wean to normal shoe wear.

Ph.D., performed a psychological evaluation and assessed major depressive disorder, pain disorder associated with psychological factors and general medical conditions, chronic pain, and sleep disorder. He recommended antidepressant therapy, de-emphasizing the role of narcotic medications, drug testing, monitoring of alcohol use, and individual psychotherapy.

On November 20, 2008, carrier disputed extent of injury to psychological problems/anxiety/depression.

From December 2008 through February 2009, the patient attended eight sessions of individual psychotherapy.

In December, x-rays showed no evidence of heel spur; however, the patient seemed to be developing some symptoms of plantar fasciitis. He was advised to use a Sorbothane shoe insert to help with plantar fasciitis.

From December 22, 2008, through February 26, 2009, the patient attended PT consisting of therapeutic activities and neuromuscular re-education.

2009: From January through February, , M.D., prescribed medications.

In a functional capacity evaluation (FCE), the patient performed at medium (41 pounds) physical demand level (PDL) as against medium (50 pounds) PDL required by his job. It was stated that it would be difficult for the patient to perform his work duties and should undergo work hardening program (WHP).

M.D., performed a peer review and opined that there had been definitive findings of partial tear of the anterior talofibular ligament and calcaneal fibular ligament, as well as a fracture of the base of the second metatarsals. These findings would be considered related to the extent of injury.

M.D., a psychiatrist, performed a peer review and opined that there was no significant psychological component related to this injury. Given the delay between the injury and the onset of the symptoms including depression and anxiety, it did not appear to be a direct result of the injury.

On February 24, 2009, an FCE was performed, which revealed the ability of the patient to perform at light medium physical demand level (PDL) as against the medium PDL required by his job. He was recommended WHP.

On March 10, 2009, D.C., denied the request for WHP with the following rationale: *"The ODG DWC 2009 ankle and foot chapter recommends work hardening "after treatment with an adequate trial of PT or OT with improvement followed by plateau." The patient has had PT and after the most recent PT session had declined in function from medium to light to medium and continued to describe severe pain activities. The ODG requires clear evidence of psychological component to justify WH. The most recent psychological evaluation was dated November 4, 2008, and did not provide any psychological data that would indicate psychological barriers to recovery. In addition, the most recent Zung Depression Index revealed no to mild depression. Finally, peer review by psychiatrist, M.D., dated February 3, 2009, reported that there does not appear to be a significant psychological component related to this injury."*

M.D., conducted a designated doctor evaluation (DDE) and placed the patient at maximum medical improvement (MMI) as of March 10, 2009, with 0% whole person impairment (WPI) rating. He opined that the extent of injury included the right foot and ankle.

On March 20, 2009, Dr. requested WHP five times a week for two weeks, eight hours per day.

On March 25, 2009, D.C., denied the appeal of WHP with the following rationale: *"Dr. stated there is an issue of nonunion, but that has been corrected. The patient is reported to have participated in PT and has had an FCE performed on January 22, 2009, which indicated that patient was capable of medium demand which is equal to his job requirements. The patient experienced an exacerbation in FCE of February 24, 2009, indicating he is functioning at light to medium PDL. Psychological evaluation of November 4, 2009, shows normal to mild depression. There is no evidence that psych issues are preventing recovery. The patient's exacerbation as a result of active rehabilitation is not support of the necessity of 80 hours of work hardening as requested. There is no evidence of plateau with lower levels of active rehabilitation. As a result, the request for work hardening is not supported as necessary."*

On March 30, 2009, Dr. requested PT consisting of 4 units of therapeutic exercises and 2 units of neuromuscular re-education.

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

Based on the documentation provided for this review, the claimant sustained a right foot/ankle injury while at work. Diagnostics reportedly revealed a fracture of the right distal fibula and based of 2nd metatarsal in addition to partial tears in the ligaments of the ankle. On 10/31/2008, MD reported the claimant was not following instructions of non-weight bearing and crutch use. The reported fractures were healing/resolving based on x-ray analysis. The claimant continued to received intensive physical therapy with, DC consisting of therapeutic exercises (97110) documented at 8 units – 2 hours per session. On 01/02/2009, Dr. reported the fractures were healed. On 01/22/2009, FCE placed the claimant in the medium physical demand level as required by his work. Oswestry questionnaire indicated the claimant was severely disabled and Zung questionnaire indicated the claimant had mild depression. On 01/26/2009, MD reviewed the records and reported the extent of injury consisted of the partial tears in the ligaments of the right ankle as well as fracture to the base of the 2nd metatarsal. On 02/03/2009, MD reviewed the records and did NOT find a significant psychological component related to the work injury. The claimant continued with physical therapy with Dr. for an additional 15 sessions. FCE reported the claimant remained in the medium PDL. Oswestry and Zung questionnaires were unchanged. On 03/10/2009, MD evaluated the claimant at the designated doctor level and certified the claimant was at maximum medical improvement on 03/10/2009 with 0% whole person impairment as related to the 09/17/2008 right foot/ankle strain/sprain with associated partial tear in the calcaneal fibular ligament. DWC Form-73s indicated the claimant remained off work from 09/26/2008 through 09/11/2009.
Based on the ODG treatment guidelines, there is NO support for the requested work hardening program. There was no employer-employee agreement regarding return to work. There was no remarkable variation in the FCE finding of medium PDL from the claimant's level of required work – medium PDL. The claimant was certified at MMI with 0% whole person impairment; therefore, there is 0% evidence of

permanent injury that would require the intensive – extensive level of treatment requested or any treatment beyond 03/10/2009 as related to the 09/17/2008 compensable injury.

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**

☒ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**