



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 04/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten days of work hardening.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., practicing for seventeen years with specific clinical experience in the area of rehabilitative therapy.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

I find that much of the previous physical therapy was performed prior to fracture immobilization, medical necessity does exist for this service.

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee was working on a ladder when it shifted and fell out from under him, causing him to fall to his left side and landing on his left foot when he fractured his calcaneus. The injured employee was diagnosed with a strain and placed in physical therapy but did not progress with continued discomfort. MRI scan was ordered, finding significant calcaneal fracture. The fracture was subsequently immobilized. Injured employee has had some post immobilization therapy, and injured employee’s doctor is requesting work hardening.

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

Since this injured employee was initially misdiagnosed, and much of his physical therapy

was completed prior to obtaining the correct diagnosis, physical therapy of a fracture certainly does not rehabilitate the injury. The injured employee should be afforded the opportunity for proper rehabilitative therapy for his injury.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)