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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient work conditioning program five (5) times per week for two (2) weeks for eight (8) hours per day (totaling 80 hours) as it relates to the right ankle/foot

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

Chiropractor
AADEP Certified
Whole Person Certified

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines
Adverse Determination Letters, 7/24/09, 8/4/09
Accident & Injury Rehab, 7/20/09
Previous IRO Review, 7/16/09
SOAP Notes, 11/12/08-8/7/09
Operative Report, 3/2/09
MRI Right Foot, 1/19/09
MRI Right Ankle, 1/19/09
FCE, 7/9/09
DC, 7/2/09, 6/25/09, 7/27/09, 8/4/09
Exam Notes, 6/25/09
DO, 3/26/09
MRI Addendum Report, 2/17/09
Evaluation Centers, RME, 8/7/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury. The injured employee slipped and fell on a wet floor and twisted her foot/ankle. The injured employee has had

pharmaceuticals, MRI, physical therapy, CAM Walker, pain injections, and FCE. The injured employee was seen by a DDE and determined that the injured employee was not at MMI. Ten (5x2) session of work conditioning are now being requested.

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

This injured worker does not meet the criteria for 10 sessions of work conditioning program. The records did not include a signed defined return to work goal by the employer and employee and documented specific job demands / job training or a job to return to.

The ODG criteria for work conditioning includes:

(5) 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

The reviewer finds that medical necessity does not exist for Outpatient work conditioning program five (5) times per week for two (2) weeks for eight (8) hours per day (totaling 80 hours) as it relates to the right ankle/foot.

ODG Physical Therapy Guidelines – Work Conditioning

Work conditioning, work hardening Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. (Schonstein-Cochrane, 2003) There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. (Karjalainen, 2003) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. (CARF, 2006) (Washington, 2006) The need for work hardening is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective, and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands. As with all intensive rehab programs, measurable functional improvement should occur after initial use of WH. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit. (Schonstein-Cochrane, 2008)

Criteria for admission to a Work Hardening Program

(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA)

(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning

(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function

(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week

- (5) 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,
 - (b) Documented on-the-job training
- (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with 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
- (7) 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
- (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less
- (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities
- (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury

ODG Physical Therapy Guidelines – Work Conditioning

10 visits over 8 weeks

See also Physical therapy for general PT guidelines

Posterior tibial tendon dysfunction (PTTD)

Adult acquired flatfoot Recommend conservative treatment for at least the first 6-8 weeks before consideration of surgery. Originally known as posterior tibial tendon dysfunction or insufficiency, adult-acquired flatfoot deformity encompasses a wide range of deformities. Establishing a diagnosis as early as possible is one of the most important factors in treatment, and prompt early, aggressive nonsurgical management is important. A patient in whom such treatment fails should strongly consider surgical correction to avoid worsening of the deformity. Medical or nonoperative therapy for posterior tibial tendon dysfunction involves rest, immobilization, nonsteroidal anti-inflammatory medication, physical therapy, orthotics, and bracing. There are 4 stages of posterior tibial tendon dysfunction used to dictate treatment: (1) Stage 1 is characterized by peritendinitis and tendon degeneration, but the tendon length remains normal, and this stage presents clinically as pain and swelling along the posterior tibial tendon sheath; (2) In Stage 2, the posterior tibial tendon elongates, and a supple flat foot deformity develops, but, although deformed on weight bearing, the hindfoot and midfoot deformities are passively correctable to neutral; (3) Stage 3 occurs over time as the hindfoot becomes rigid in a valgus position, and the patient develops a rigid flatfoot deformity; & (4) Stage 4 develops as the deltoid ligament becomes incompetent and the talus tilts into valgus within the ankle mortise. The following is a summary of conservative treatments for acquired flatfoot by stage: (1) Stage 1 - NSAIDs and short-leg walking cast or walker boot for 6-8 weeks, full-length semirigid custom molded orthosis, physical therapy; (2) Stage 2 - UCBL orthosis or short articulated ankle orthosis; (3) Stage 3 - Molded AFO, double-upright brace, or patellar tendon-bearing brace; & (4) Stage 4 - Molded AFO, double-upright brace, or patellar tendon-bearing brace.

The following is a summary of surgical treatments for acquired flatfoot by stage: (1) Stage 1 - Tenosynovectomy, tendon debridement, and tendon repair of partial tears; (2) Stage 2 - Add Achilles tendon lengthening or gastrocnemius recession in cases of equinus contracture; (3) Stage 3 - Subtalar fusion, Triple arthrodesis; (4) Stage 4 - Tibiotalocalcaneal fusion, Pantalar fusion. During stage 1, pain, rather than deformity, predominates. Cast immobilization is indicated for acute tenosynovitis of the posterior tibial tendon or for patients whose main presenting feature is chronic pain along the tendon sheath. A well-molded short leg walking cast or removable cast boot should be used for 6-8 weeks. Weight bearing is permitted if the patient is able to ambulate without pain. If improvement is noted, the patient then may be placed in custom full-length semirigid orthotics, and the patient may then be referred to physical therapy for stretching of the Achilles tendon and strengthening of the posterior tibial tendon. In stage 2 dysfunction, a painful flexible deformity develops, and more control of hindfoot motion is required. In these cases, a rigid University of California at Berkeley (UCBL) orthosis or short articulated ankle-foot orthosis (AFO) is indicated. (Deland, 2008) (Lee, 2005) (Kelly, 2001)

Physical therapy (PT) Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. See also specific physical therapy modalities by name. (Colorado, 2001) (Aldridge, 2004) This RCT supports early motion (progressing to full weightbearing at 8 weeks from treatment) as an acceptable form of rehabilitation in both surgically and nonsurgically treated patients with Achilles tendon ruptures. (Twaddle, 2007)

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface

Ankle/foot Sprain (ICD9 845)

Medical treatment: 9 visits over 8 weeks

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

ACOEM-AMERICA 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 (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)