

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/26/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 40 hours of work conditioning for the left ankle

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

Texas Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes dated 05/22/09-02/11/10
2. Radiographs dated 05/22/09-11/10/09
3. Operative reports dated 06/08/09
4. Electrodiagnostic study dated 02/05/10
5. Prior reviews dated 02/16/10 and 03/02/10
6. Duplicates
7. Coversheet and working documents
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

Radiographs of the left ankle shows a minimally displaced fracture of the distal fibula with widening of the medial and lateral clear spaces suggestive of a syndesmotic injury, of the distal tibiofibular syndesmosis.

A clinical note dated xx/xx/xx reported the employee was injured when his left foot twisted at work. Radiographs of the left ankle dated xx/xx/xx shows a minimally displaced fracture of the distal fibula with widening of the medial and lateral clear

spaces suggestive of a syndesmotic injury, of the distal tibiofibular syndesmosis. The employee was placed in a left ankle cast.

Operative report dated 06/08/09 reported the employee underwent an open reduction/internal fixation of left lateral malleolus fracture and syndesmotic injury.

A clinical note dated 06/17/09 reported the employee complained of left ankle pain and occasional swelling. Physical examination reports decreased sensation on the dorsum of the foot.

A clinical note dated 07/01/09 reported the employee complained of significant pain. Radiographs of the left ankle show stable fixation of hardware.

Radiographs of the left ankle were taken on 07/29/09 and reported status post internal fixation of the distal fibula with fracture healing in satisfactory position.

A procedure note dated 09/21/09 reported the employee underwent left ankle syndesmotic screw removal.

A clinical note dated 11/18/09 reported the employee complained of pain in the left ankle. The note reported the employee had not completed any therapy to date. A physical examination reported the employee's left ankle range of motion was within normal limits.

A Functional Capacity Evaluation dated 12/22/09 reported the employee had a physical demand level of medium and requires an occupational physical demand level of medium.

An electrodiagnostic study dated 02/05/10 reported findings consistent with mild right tarsal tunnel syndrome.

A clinical note dated 02/11/10 reported the employee has completed twenty-one sessions of postoperative physical therapy. The physical examination reported the employee had 40 degrees of left plantar flexion and 5 degrees of dorsiflexion.

A prior review dated 02/16/10 reported the request for work conditioning was denied secondary to the employee having a physical demand level as the equivalent of work duties. Letter of reconsideration dated 02/16/10 reported that the employee had a

physical demand level of heavy, but has functional deficits in the ability to walk, step, carry, and climb at a heavy physical demand level.

A prior review dated 03/02/10 reported the request for reconsideration was denied secondary to no evidence of therapeutic plateau at lower levels of care, and the employee meeting work demands.

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

The request for ten sessions of work conditioning is not medically necessary. Documentation indicates the employee has completed twenty-one sessions of physical therapy to date. The FCE submitted for review indicates the employee meets current work demand levels. As the employee meets the current demand levels, additional physical rehabilitation would not be warranted. Therefore, this reviewer agrees with the prior denials for ten sessions of work conditioning.

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

Official Disability Guidelines, Online Version, Ankle and Foot Chapter
ODG Work Conditioning (WC) Physical Therapy Guidelines

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also [Physical therapy](#) for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting two or three times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.