Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 08/02/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work hardening 5 X week X 2 weeks, right foot.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.O., board certified in Physical Medicine and Rehabilitation by the American Board of Physical Medicine and Rehabilitation

REVIEW OUTCOME:
Upon independent review, I find that the previous adverse determination or determinations should be:

__x ___Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim #*	*Upheld Overturn*
825.25	*97545*		*Prosp.*	*10*	*06/30/10 – 08/31/10*				*Upheld*
825.25	*97546*		*Prosp.*	*10*	*06/30/10 – 08/31/10*				*Upheld*

INFORMATION PROVIDED FOR REVIEW:
1. Certificate of independence of the reviewer
2. TDI case assignment
3. Letters of denial, 06/30/10 and 07/14/10 including criteria used in the denial
4. Preauthorization requests, 06/25/10 and 07/05/10
5. Appeal letter, 07/02/10
6. Referral, request for services and treating doctors, 06/24/10
7. Physical therapy report, 05/11/10
8. Radiology report, 11/06/09
9. Functional Capacity Evaluation, 06/22/10
10. Psychological evaluation, 05/26/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
On xx/xx/xx the claimant was lifting a steel beam and steel clamps got stuck to a metal bench, making the beam fall to one side, hitting the claimant's right foot. This resulted in a fracture of the first metatarsal bone, which ultimately required open reduction internal fixation with grafts on 12/15/10. The claimant subsequently underwent twelve visits of physical therapy followed by ten work hardening visits with improvement noted.

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

There are several components of this injured worker's history which lead me to the conclusion that further work hardening for the claimant would be of little clinical utility. Among these is a report dated 07/14/10 in which the reviewing physician, , M.D., M.P.H, states he spoke with, who is identified as the. Dr. reported that "concurred with me that additional sessions are not necessary." In a Functional Capacity Evaluation that was performed on 06/22/10, it was noted that the patient's carrying ability was restricted. Carrying is described as, "Subject picks up weighted box, carries to the end of the movement course (25 feet), turns, and returns." At the end of that same section, handling is reported to have no restrictions. Handling is described as, "Subject picks up an object at each end of the movement course (25 feet), and carries it to the opposite end where a different object is picked up and returned to the other end (repeated with four objects of various sizes and shapes)." As I mentioned, this is assigned no restrictions whereas carrying, which appears to involve even less physical need, is reported as restricted. I would, therefore, question the validity of this particular part of the Functional Capacity Evaluation, if not all of it. Some of the activities in the Functional Capacity Evaluation under the Job Evaluation of indicated that the need for these was only occasional, such as pushing, pulling, stooping, kneeling, and crouching, whereas crawling was never required.

In the progress report dated 05/21/10, the examination findings included, "Examination of the big toe of the right foot and healing fracture of the first metatarsal reveals moderate to strong pain/tenderness noted by palpation at the healing fracture site." This is unexpected, as the patient had the fracture fixated approximately five to six months before this exam was performed. With normal healing taking place, it would be unusual for anyone to exhibit moderate to strong pain/tenderness with palpation over the fracture site. One would expect there to have been good bony callous formation by this time without any motion being available at the fracture site. Overall, the claimant was reported to have reached medium in the physical demand capacity, which, coincidentally, is the same as that required by his job as a. Additionally, in a psychological evaluation performed on 05/26/10, the claimant indicates that "if he touches the foot, it cramps up." This would also be quite extraordinary, and at this point in time following the repair of his fracture, I would be inclined to think more of an embellishment of symptoms rather than a credible report of what happens when the claimant's foot is touched.

Considering all of the above, I do not believe that an additional two weeks of work hardening would make a significant difference in this claimant's actual functioning capacity. I, therefore, concur with the previous denials for additional work hardening sessions for this claimant.

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

_____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.
__X __Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X __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.)

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