

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/21/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

80 hours of work hardening for the right LE (8 hours per day for 10 sessions)

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

MD, Board Certified in Physical Medicine & Rehabilitation

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

This patient was driving a truck on xx/xx/xx and hit another truck. His leg was caught in the gas pedal and he had a right tibia/fibula fracture. He had an ORIF on xx/xx/xx. He has had 24 sessions of PT. There has been improvement. His weight is 260 pounds. He was placed at MMI on 5/15/2009. He has a BDI of 19 - indicating moderate depression. He is functioning at a medium level. His occupation is washrack technician and is a very heavy level job. On 1/12/2010 he had removal of hardware. He has poor endurance and decreased cardiovascular conditioning.

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

ODG does recommend return to work. Returning to work improves function and decreases pain more than extended disability. Work hardening is recommended as an option depending on the availability of quality programs. There is screening criteria for work hardening in ODG. This patient does meet some of the qualifications. However there is not a specific defined return to work goal or job plan that has been established and communicated and documented. He does have a job that requires heavy lifting ability. However, it is not clear if the employer will take him back to this position or he may require a lighter level job. He is capable of medium work. It is not clear if this modification is available. Also, the work hardening is being offered at the same location as the PT.

The PT has not returned the patient to a level that he can return to heavy-duty work. It is not clear from the records reviewed if the work hardening offered is a different program than what he has already received. The need for a high quality program is stated in the ODG. Although he has received PT, there is not documentation of the activity performed or is there was mainly active therapy versus passive. The ODG criteria for work hardening have not been satisfied in this instance. The reviewer finds that medical necessity does not exist at this time for 80 hours of work hardening for the right LE (8 hours per day for 10 sessions).

**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)