



Notice of Independent Review Decision  
**IRO REVIEWER REPORT**

**DATE OF REVIEW:** 9/14/10

**IRO CASE #:**                      **NAME:**

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

Determine the appropriateness of the previously denied request for work conditioning, 10 visits over 4 weeks – CPT codes 97545 and 97546.

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

Texas licensed chiropractor.

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for work conditioning, 10 visits over 4 weeks – CPT codes 97545 and 97546.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Request Form dated 9/2/10.
- Denial Letter dated 8/31/10, 8/20/10.
- Job Description dated 8/25/10.
- Pre-Authorization Request for Work Conditioning dated 8/23/10, undated.
- Prescription Form dated 8/17/10.
- Grip Exam dated 8/3/10.
- ERGOS Evaluation Summary Report dated 8/3/10.
- Psychosocial Assessment dated 8/3/10.
- Narrative dated 8/2/10.
- Patient Profile dated 1/1/10-12/31/10.

**PATIENT CLINICAL HISTORY (SUMMARY):**

Age:

**Gender:** Male

**Date of Injury:** xx/xx/xx

**Mechanism of Injury:** A roll of paper fell onto the right ankle.

**Diagnosis:** Right ankle sprain/strain.

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

This male was injured at work on xx/xx/xx. The mechanism of injury occurred while he was walking by a forklift with paper rolls on it; one of them fell off and landed on his right ankle. His diagnosis was right ankle sprain/strain. The examination, dated 8/2/10, stated that the patient had effusion of the right medial ankle with a circular shaped depression, increased tenderness at the Achilles tendon, medial ankle and foot. There was no ligament laxity, reflexes were normal, decreased muscle strength was noted on the right with dorsiflexion at 4/5 only, and all other areas of the ankles were normal (bilaterally). The MRI and CT scan of the area were normal. The functional capacity evaluation (FCE) placed the patient on a light to medium DOT category that did not meet his daily job duty requirements which was heavy DOT. The FCE noted that the patient was not able to stoop or kneel for extended periods of time. He was able to crouch for longer than the extended period. His lifting requirements were decreased, but these were stationary lifts which seemed to be self limiting and should not be involved with the right ankle injury. The ODG state that work conditioning is "recommended as an option, depending on the availability of quality programs. See especially the Low Back Chapter or the Knee Chapter, for more information and references. 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 2 or 3 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." Upon reviewing the documents provided, the patient seemed to have employment waiting upon his completion from the program. The FCE stated that the patient's job requirement was for a heavy DOT schedule and he was currently at a light to medium level. Within the body of the FCE, the patient was able to crouch or squat for over the required amount of time. The records from, LCSA stated that the patient could stand for over an hour and walk for 4 hours without a break. With the patient having a severe ankle injury he was able perform this activity (i.e., walking), but when lifting statistically or functionally, he could barely achieve the halfway point. The measurements ranged from 8 lbs to 39 lbs with 43 as the highest, which was for the ankle. It was unclear how the patient may have performed these activities, but if the patient could perform the squatting stress that was placed on the ankle, it was unclear why the lifting capacity was so low when the stress placed on the ankle during the static lift is a minimal of 28 and 31 lbs. In consideration of this, this reviewer believes that minimal effort was exerted during the FCE. The patient should be on a home

exercise program (HEP) with similar activities and exercises. The previous adverse determination for work conditioning, 10 visits over 4 weeks, with CPT codes 97545 and 97546, is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
  - Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Work hardening and work conditioning.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).