

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 10, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 80 hours of work conditioning (97545 X10, 97546X10)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
719.47	97545		Prosp	10					Upheld
719.47	97546		Prosp	10					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 772 pages of records received to include but not limited to:

Letter Law Office of 10.26.10; letters 10.1.10, 10.11.10; Healthcare records 2.17.09; Orthopedic Associates notes 2.20.09; Dr. notes 3.2.09-8.13.10; Pain and Recovery Clinic records 3.23.09-3.9.10; MRI lft Ankle 4.9.09; RME report 6.4.09; various DWC 73 forms; Imaging Center report 6.13.09; Dr. report 7.1.09-9.14.10; report Dr. 11.10.09; FCE 2.2.10, 8.3.10, 9.3.10, 9.24.10; DDE report 8.28.10; ODG guidelines Foot and Ankle (Acute and Chronic) and ODG Pain guidelines

Requestor records- a total of 31 pages of records received to include but not limited to:
Pain and Recovery Clinic records 9.27.10-10.4.10; FCE 9.24.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The records presented for review begin with the notes from outlining the position of the carrier in this matter. It is indicated that the work conditioning for the left ankle/foot injury is not medically indicated and exceeds the standards set forth.

The patient suffered a Lisfranc fracture of the left foot on xx/xx/xx. This was treated conservatively, which included a chronic pain management program. The request for the work conditioning protocol was reviewed by Dr. who non-certified the request. Upon appeal this request was also non-certified.

The records reflect that the mechanism of injury was being struck by a metal beam that had fallen. No surgery was required for this injury.

The February 20, 2009 orthopedic evaluation noted the mechanism of injury. The prior medical history and the physical examination noting a markedly swollen foot with fracture blisters. Mr. was neurologically intact. A 2nd metatarsal fracture was noted. This was treated with immobilization. At follow-up, there was advancing treatment and wound care.

Dr. completed his initial clinical evaluation on March 2, 2009. The assessment was crush injury, ankle sprain and internal derangement of the left foot and ankle. This was treated conservatively with medications, DME and chiropractic care. An MRI of the left foot was completed on xx/xx/xx and noted prominent bone marrow edema, the 2nd metatarsal fracture and that the Lisfranc joint was intact. The left ankle was reported as normal.

Additional chiropractic care was delivered. Dr. completed a Designated Doctor evaluation and found that maximum medical improvement had not been reached. There is a reference to an evaluation by Dr. (DPM) who suggested electrodiagnostic studies. Multiple medications were prescribed. EMG noted a distal left peroneal neuropathy.

Contrary to the findings reported on MRI, Dr. diagnosed a left foot Lisfranc fracture with compression syndrome of the deep peroneal nerve; a finding not noted on EMG and an instability not noted by the five prior orthopedic evaluations. In July 2009, Dr. added plantar fasciitis to the problem list.

With the July 30, 2009 visit, casting of both feet was accomplished to construct orthotics for this left lower extremity injury.

Dr. completed a pain medicine consultation and noted that while receiving workers' compensation benefits, the injured employee was also receiving social security and disability benefits.

Continuing to treat with Dr., it was noted that in January 2010 a CPMP was pending. Dr. was pushing for a fusion procedure to the foot. The pain management protocol was started in March 2010. The fusion procedure was completed in March 2010.

It would seem that the pain management protocol was continued just after the date of surgery. The pain management continued and post-operative follow-up noted a good response and less pain. After the surgery was healed, a new set of orthotics was prescribed for the injured employee.

A September 20, 2010 FCE noted that there was a medium PDL where a heavy demand was needed. Dr. noted ongoing swelling of the foot and tenderness over the dorsum as of August 13, 2010. Multiple medications were prescribed and Mr. was held out of work for yet another month.

Less than a month later, DPM completed a Designated Doctor evaluation and felt that another FCE would be necessary in this case. In September 2010, Dr. was waiting approval for another chronic pain management program, apparently not noting that one had just been completed and another FCE was obtained.

On September 27, 2010, D.C. sought approval for a work conditioning at the request of Dr. On October 4, 2010, a request for reconsideration was made citing the labor code as opposed to the clinical issues raised by the physician reviewer.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines the standards for a work conditioning protocol for an ankle injury are "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). 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.*"

First, there is no clear clinical indication as the work level can be accomplished with a home program for this foot injury. Second, the amount asked for (80 hours) is approximately 300% of the maximum standard noted. Third, there are two separate providers each pursuing their own regimen and the care is excessive at best. Lastly, it is not clear if there is a job to return to support this request.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES