

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/18/10

**IRO CASE NO.:**

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

Item in dispute: WORK HARDENING/CONDITIONING; INITIAL 2 HOURS  
DATES OF SERVICE FROM 07/29/2010 TO 08/12/2010

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

Texas Board Certified Physical Medicine & Rehabilitation  
Texas Board Certified Pain Management

**REVIEW OUTCOME**

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

Denial Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 03/26/10 - MRI Left Ankle
2. 05/03/10 - Clinical Note - DO
3. 05/26/10 - Functional Capacity Evaluation
4. 06/23/10 - Clinical Note - DPM
5. 07/08/10 - Functional Capacity Evaluation
6. 07/09/10 - Psychological Evaluation - EdD
7. 07/09/10 - BHI Basic Interpretive Report
8. 07/22/10 - Job Description
9. 07/22/10 - Pre-Certification Request
10. 07/30/10 - Utilization Review
11. 08/27/10 - Appeal Letter - DC

12.09/01/10 - Utilization Review  
13. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The claimant is a male who sustained an injury on xx/xx/xx when he tripped over a pile of dirt while carrying a pipe, injuring his ankle.

The clinical notes begin with MRI of the left ankle performed 03/26/10 that demonstrated edema in the talus and in the medial malleolus. The anterior talofibular ligament was not distinctly seen. There was fluid seen in the flexor hallucis longus tendon sheath, likely reflecting the ankle joint effusion. There was edema in the region of the peroneal tendons and also fluid seen in the peroneal tendon sheaths. There was no clear evidence for a peroneal tendon tear.

The claimant was seen by Dr. on 05/03/10 with complaints of left ankle pain. Physical examination revealed moderate perceptible swelling of the left ankle. Soft tissue palpation indicated a moderate degree of hypertonicity of the left ankle. Additional findings included tenderness and a medium degree of adhesions. Babinski's sign was absent bilaterally. Evaluation of the dermatomes utilizing a pin wheel revealed all tested dermatomes were normal except left L5 hypoesthesia. Range of motion of the left ankle was decreased with pain. The claimant was assessed with unspecified neuralgia, effusion of the ankle and foot joint, unspecified derangement of the ankle and foot joint, and other disorders of muscle, ligament, and fascia. The claimant was referred for orthopedic consultation. The claimant was prescribed Medrol Dosepak and Ultram 50 mg.

A Functional Capacity Evaluation (FCE) was performed 05/26/10. The claimant's occupation required a medium to heavy physical demand level. The report stated the claimant was unable to safely perform his job without restrictions. The claimant was recommended for a physical therapy program.

The claimant saw Dr. on 06/23/10 with complaints of left ankle pain. The claimant was utilizing a TENS unit. Physical examination revealed pain with dorsiflexion and plantar flexion. There was minimal edema present. There were no signs of ecchymosis. The claimant was recommended for work hardening.

An FCE was performed on 07/08/10. The claimant complained of a constant, dull ache in the left ankle. The claimant's occupation as a labor worker required a medium to heavy physical demand level. The claimant demonstrated the ability to perform at a medium physical demand level.

The claimant was seen for psychological evaluation on 07/09/10. The claimant rated his average daily pain at 3 out of 10 on the VAS scale. The claimant revealed a fear of reinjury. The claimant's BDI score was 6, indicating mild depression. The claimant's BAI score was 12, indicating mild anxiety. The claimant was assessed with chronic pain disorder associated with both psychological features and general medical condition. The claimant was recommended for twenty sessions of a work hardening program.

A job description dated 07/22/10 stated that modified work duty was not available.

A letter by Dr. dated 08/27/10 stated the claimant was a good candidate for work hardening because he was less than six months post-injury, he had a specific job to return to, he was motivated to improve his function, and he was not currently prescribed narcotic medications that could hinder his potential return to work.

The request for work hardening/conditioning initial two hours was denied by utilization review on 09/01/10 due to insufficient psychological indicators to warrant a work hardening program. The request for work hardening/conditioning initial two hours was denied by utilization review on 09/01/10 due to lack of emotional distress and demonstration of a medium physical demand level.

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

The clinical documentation provided for review does demonstrate the appropriateness of the initial two hours of work hardening provided to the claimant from 07/29/10 to 08/12/10. This reviewer does disagree with the prior denials which non-certified the request solely due to the lack of demonstrated emotional distress and the claimant's medium physical demand level. Current evidence-based guidelines do not require the presence of emotional distress to qualify for a work hardening program. The guidelines from the ***Official Disability Guidelines*** Ankle & Foot Chapter indicate that; "The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a work hardening program. Development of the claimant's program

should reflect this assessment.” The claimant’s psychological examination demonstrated mild depression and anxiety but revealed no significant findings that would indicate that the claimant’s needs would be better addressed in a different program.

In regard to the claimant’s physical demand level, the claimant requires a medium to heavy physical demand level and currently tests at a medium level. Therefore, the initial two hours of work hardening/conditioning would be indicated.

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

1. **Official Disability Guidelines**, Online Version, Ankle & Foot Chapter