



# MedHealth Review, Inc.

661 E. Main Street  
Suite 200-305  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax 972-775-6056

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** 8/8/11

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of work conditioning 5x/week for 2 weeks (97545 and 97546) consisting of 80 hours to the right foot.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of work conditioning 5x/week for 2 weeks (97545 and 97546) consisting of 80 hours to the right foot.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**. PATIENT CLINICAL HISTORY (SUMMARY):**

This male was injured while working on xx/xx/xx. Records indicate that a box fell across the right foot. The injured worker was evaluated at on February 24, 2011. He was complaining of foot pain at that time. X-rays of the right foot demonstrated a comminuted fracture of the right second metatarsal. He was treated with ibuprofen and Vicodin and referred to an orthopedic surgeon for evaluation.

On February 28, 2011, M.D. evaluated the injured worker and recommended open reduction and internal fixation of the fracture. The surgery was performed on April 25, 2011.

The injured worker began a postoperative physical therapy program on April 27, 2011. At that time, the physical therapy plan was for therapy three times a week for two weeks with stretching, strengthening, balance activities, joint and soft tissue mobilization, and therapeutic activity such as lifting, pushing, pulling, carrying, and climbing to address issues of performing job functions. The injured worker attended therapy, according to available records, on May 4, May 11, and May 13, 2011.

On May 17, a second prescription for physical therapy was provided with therapy twice a week for three weeks. According to records presented for my review, therapy was performed on May 31, June 2, June 6, June 8, June 10, and June 13. On that final date of therapy, the therapist stated that the injured worker was to "discharge therapy as patient has reached met appropriate functional and impairment goals per recent evaluation."

On September 17, 2011, , DPT, performed a Functional Capacity Evaluation. Dr. reported that the injured worker was in a medium to very heavy PDL and cannot safely perform his job as a carpenter with its heavy physical demand level. He reported that the injured worker had limitations that led to the following restrictions: waist to shoulder 75 pounds and waist to overhead 50 pounds. A work conditioning program to address the areas of weakness was recommended.

A request for 80 hours of work conditioning was made and on June 23, 2011, , M.D. recommended denial of the request because the records did not provide documentation regarding failure of physical therapy, short and long term treatment goals were not provided, and the number of requested hours exceeded the recommended reference guidelines. On June 30, 2011, there was a work conditioning appeal by Dr. requesting four hours per day for up to four weeks of work conditioning. Dr. stated that the patient should complete a total of 30 hours.

On July 20, M.D. provided the second denial of the request because the request presented to him was for 80 hours of work conditioning. Dr. stated that this exceeded ODG Treatment Guidelines.

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

According to available medical records, this worker injured his right foot on xx/xx/xx. He sustained a fracture of the right second metatarsal. He underwent open reduction and internal fixation of the fracture on June 25, 2011 and had approximately 10 or 11 physical therapy sessions following his surgery. A Functional Capacity Evaluation performed after completion of physical therapy showed evidence that the injured worker had developed deconditioning and was not able to perform the very heavy PDL that his job as a carpenter required. He had been off of work for months following the injury. It is unclear as to exactly how long he was off of work, but according to records that are available, he was off of work at least from April 27, 2011 through the time of his Functional Capacity Evaluation performed on June 17, 2011.

According to ODG Treatment Guidelines, a work conditioning program amounts to an additional series of intensive physical therapy visits beyond a normal course of physical therapy. Ten visits over four weeks, equivalent to up to 30 hours, are recommended. Clearly, this injured worker has deconditioning which prevents his functioning at a very heavy demand level demanded by his job. ODG Treatment Guidelines, however, recommend up to 30 hours of work conditioning, not 80 hours as presented in this request. The prospective medical necessity of work conditioning five times a week for two weeks consisting of 80 hours to the right foot is not supported by information in this medical record. Therefore, the requested treatment is not medically necessary at this time.

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