SENT VIA EMAIL OR FAX ON
Nov/22/2011

IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Hardening X 80 hours

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

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Preauthorization review 10/05/11
Preauthorization appeal review 11/02/11
Work hardening program preauthorization request and supporting documents including multidisciplinary work hardening plan and goals of treatment, physical performance evaluation and initial behavioral medicine consultation
Reconsideration work hardening program preauthorization request and supporting documents
Office notes DPM 07/21/11-08/31/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who reportedly was injured on xx/xx/xx when she tripped on an electrical unit / box on floor and fell on her left side. Records indicate the claimant had injections x 3. She underwent surgery to the left ankle on 04/06/11 with arthroscopy and lateral ankle ligament repair. Following surgery she completed 12 sessions of postoperative physical therapy. The claimant was then recommended to participate in work hardening

program. Functional capacity evaluation performed on 09/14/11 revealed the claimant is at sedentary / light physical demand level, and job requires medium physical demand level. A behavioral medicine consultation on 09/12/11 reported the claimant's BDI score was 29 indicating severe depression. BAI was 20 reflecting moderate anxiety.

A preauthorization request for work hardening x 80 hours was reviewed on 10/05/11 and the request was determined as not medically necessary or appropriate. The reviewer noted per telephonic consultation with Dr. and Dr. that the claimant has significant depression / anxiety on test scores. She currently is not taking any psychotropic medications and has not undergone a course of individual psychotherapy. The claimant appears to be a better candidate for chronic pain management program following exhaustion of lower levels of care given that the psychological component is greater than in a work hardening program. Consequently, the request for work hardening program for 80 hours / unit is not medically necessary or appropriate.

An appeal request for work hardening x 80 hours was reviewed on 11/02/11 and the original non-certification was upheld. The reviewer noted there were no new clinicals submitted on appeal. Report dated 08/31/11 noted the claimant is status post ankle surgery on 04/06/11 with complaints of pain after prolonged standing and walking, stiffness, swelling and weakness. Surgical site was healed and there was no sign of infection. The claimant is noted to have difficulty climbing stairs. Report signed by Dr.. LCSW andD.C. dated 09/14/11 states the following: has exhausted conservative treatment; unable to return to prior levels of functioning / work; functional capacity evaluation / behavioral evaluation confirms necessity of return to work program; has met all criteria for entrance into this program; claimant has agreed upon vocational goal; claimant has job to return to. Physical performance evaluation (PPE) dated 09/14/11 noted pain level rated 6-8/10 on pain scale; decreased range of motion; pain while walking, standing, stooping, kneeling, squatting; claimant cannot completely perform in 10-20 sedentary to light lifting. The claimant's functional capacity evaluation on 09/14/11 revealed the claimant was at sedentary light physical demand level and job requires medium physical demand level. The claimant's treatment rendered to date includes surgery, physical therapy, orthotics, oral medications, and injections. Designated doctor evaluation states the claimant has reached MMI and was able to return to work; however, the designated doctor evaluation was not included in the documentation provided. The reviewer noted that the appeal letter indicates the claimant will be referred for psychotropic medications; however, Dr. denied the claimant was on any psychotropic medication stating the claimant's depression was not an issue. Furthermore, there is no clear return to work plan with employer agreement clarifying what minimal duty should be expected to be able to perform upon return to work. Therefore, the requested appeal for work hardening program for 80 hours is not medically necessary.

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

Based on the clinical information provided, medical necessity is not established for the proposed work hardening program x 80 hours. The claimant is noted to be status post left ankle arthroscopy with lateral ankle repair performed on 04/06/11. She completed 12 sessions of postoperative physical therapy and was recommended to undergo work hardening program. It appears that there is no documentation that the claimant had maximized conservative treatment with only 12 visits of postsurgical treatment. ODG guidelines support up to 34 visits over 16 weeks following surgery. Moreover, there is indication that the claimant has significant psychological factors identified, but the claimant's depression and anxiety have not been addressed with either psychotropic medications and / or individual psychotherapy. There is no clear return to work goal provided. As such, medical necessity is not certified for work hardening program, and previous denials should be upheld on IRO.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES