Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: January 3, 2011

IRO Case #:

Description of the services in dispute:
10 sessions of work hardening program (#97545)

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The clinician who provided this review is a licensed chiropractor. This reviewer is a member of the American Chiropractic Association. This reviewer has been in active practice since 1985.

Review Outcome:
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The requested 10 sessions of work hardening (#97545) are not medically necessary.

Patient clinical history [summary]
All submitted documentation has been reviewed. The patient, is a male with occupational date of injury of xx/xx/xx. The reported condition is post-surgical right ankle/foot. The current request is for 10 sessions of work hardening. The purpose of this review is to determine the medical necessity of the current request.

The record notes 10 sessions of work hardening were authorized and completed, and a denial was given for 10 additional work hardening sessions. The denial was based on insufficient clinical gains from prior work hardening sessions.

Physical Performance Evaluation dated 10/20/10 determined that the patient has already completed 12 approved physical therapy visits and 10 work hardening sessions. The patient reportedly underwent surgery as well. The reported complaint was right ankle/foot pain that was constant and rated 3/10. The patient demonstrated Light-Medium capabilities.

The documentation included daily progress notes from prior work hardening sessions. The patient had a pre-program pain score of 5/10, which was constant. Sleep was 6 hours. Beck Depression Index was 3. Beck Anxiety Index was 0. Mankoski was 5. Dynamic lift was as follows: carry was 40, floor to knuckle was 40, knuckle to shoulder was 40 and shoulder to overhead was 30 pounds. Endurance was as follows: sitting 60+, standing 15 and walking 15. Cardiovascular was as follows: Bike was 30, treadmill was 15, modified Naughton was <1, stairs were 20, and UEB was 20. The claimant attended 10 of 10 work hardening sessions.

Sleep was 5 hours. Beck Depression Index was 7. Beck Anxiety Index was 1. Mankoski was 7.

Dynamic lift was as follows: carry was 45, floor to knuckle was 45, knuckle to shoulder was 45 and shoulder to overhead was 35 pounds. Endurance was as follows: sitting 60+, standing 25 and walking was 25. Cardiovascular was as follows: Bike was 40, treadmill was 25, modified Naughton was 6, stairs were 20, and UEB was 25.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

The prior denial is upheld. Based on review of all submitted documentation and evidence-based guidelines, medical necessity for an additional 10 sessions of work hardening (#97545) is not established. ODG requires documentation of significant subjective and objective gains. The documentation shows some minimal gains and some losses. ODG for foot/ankle regarding work conditioning/work hardening states the following:

(14) Trial: Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress.

Sleep was at 5 hours. Beck Depression Index was worse, going from 3 to 7. Beck Anxiety Index was worse, going from 0 to 1. Mankoski pain scale was worse, going from 5 to 7. Physical capabilities were unchanged to minimal gains. Compliance was good with 10/10 sessions attended. These data do not provide evidence of significant subjective and objective gains. It is noted that there was no documented evidence of "an employer verified physical demands analysis (PDA)" per criterion (4). Therefore, program goals are not sufficiently documented.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG for foot/ankle regarding work conditioning/work hardening.