

Notice of Independent Review Decision

DATE OF REVIEW: 07/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Continued outpatient Work Hardening (5x week for 2 weeks, 8 hours a day) 10 sessions.

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

The TMF physician reviewer is a licensed chiropractor with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the continued outpatient Work Hardening (5x week for 2 weeks, 8 hours a day) 10 sessions is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 07/15/11

- Notice of adverse determination – 06/14/11
- Notice of reconsideration outcome – 06/21/11
- Physician advisor report – 06/14/11, 06/21/11
- Letter to TMF from Dr. – 07/19/11
- Functional assessment report – 06/03/11
- Psychological Re-assessment – 06/02/11
- 2nd page of a 2 page operative report by Dr. – 12/13/10
- Report of MRI of the left ankle – 06/22/10, 07/21/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when he was preparing to off load supplies while standing on wet wooden steps which resulted in a fracture of the outer left side of his fibula just above his left ankle bone. Treatment has included an open reduction and internal fixation of the left distal fibula on 08/25/10 and a removal of hardware on 12/13/10. The patient has completed 10 visits of work hardening and there is a request for 10 additional sessions of work hardening.

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

The treating physician stated that the functional capacity evaluation (FCE) indicated that the patient was able to lift and carry 30 pounds frequently and lift and carry up to 50 pounds occasionally. This would indicate that the patient's status is medium PDL not heavy PDL. The demands of his job indicate that he is required to carry up to 50 pounds continuously and 75 pounds frequently and 100 pounds frequently. In actuality his job would be more in the realm of a heavy to very heavy physical demand job classification. The treating doctor further stated that the goal of the program was to progress the patient from the medium physical demand level to the heavy to very heavy physical demand level. The records indicate the patient, as an, is required to lift and carry his tools, equipment, ladder, building equipment, etc. from his work truck into the job site and around the job site. The FCE identified further limitations the patient has regarding difficulty carrying, walking, climbing and dealing with his left ankle after the fracture. The records also indicated the patient does have a job to return to as a and his job requires a heavy to very heavy PDL.

The patient has responded well to the previous 10 sessions of work hardening. However, there remain documented problems indicating he has not progressed to the point where he can safely return to his heavy to very heavy PDL occupation. An additional 10 sessions of work hardening will give this patient the

best opportunity to respond to the point where he can be released to return to regular duty without restrictions. He does meet the ODG guideline criteria and does qualify for the additional 10 sessions.

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)