

SENT VIA EMAIL OR FAX ON
Jul/04/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work hardening x 10 sessions (80 hours)

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xxxx. On this date the patient stumbled and struck her left knee on a metal pole causing her left ankle to roll. MRI of the left knee dated 01/07/11 revealed a minimal amount of joint fluid with chondromalacia of the medial compartment; no displaced fracture or intraarticular loose body. There is evidence of grade II injury/partial tear of the inferior aspect of the ACL. No medial or lateral meniscal tear is demonstrated. MRI of the left ankle revealed a small amount of joint fluid present in the tibiotalar joint with no fracture or osteonechrosis; there is evidence of low grade sprain of the anterior talofibular ligament with no other ligament or tendon findings. Note dated 01/10/11 indicates that the patient has participated in 3 sessions of physical therapy which she reports increases her pain. EMG/NCV dated 02/01/11 indicates that the electrodiagnostic evidence is most consistent with a median neuropathy affecting the right median motor and sensory nerve at the palm and wrist. Note dated 04/13/11 indicates that the patient complains of persistent left knee pain. On physical examination left ankle is stable. ATFL is nontender. Strength is 5/5 in all planes. Anterior drawer is negative. There is no left knee effusion. The knee is stable to varus and valgus. There is no medial or lateral joint line tenderness, and McMurray

test is negative. Functional capacity evaluation dated 04/21/11 indicates that current PDL is light and required PDL is heavy. Collaborative report dated 05/10/11 indicates that the patient completed 3 sessions of physical therapy and was placed on crutches for 2 weeks. Current BDI is 4 and BAI is 11.

Initial request for work hardening was non-certified on 05/17/11 noting that the functional capacity evaluation is not valid and does not meet ODG criteria 4. The claimant is noted to be pregnant. The denial was upheld on appeal dated 06/07/11 noting functional capacity evaluation did not provide any cardiovascular testing. There is no evidence of deconditioning to support the request. There is no evidence maximal effort was performed during the functional capacity evaluation lift testing with heart rate monitoring. The patient presents with very minimal levels of depression and anxiety. No significant psychological issues have been identified to support the request for a multidisciplinary program. There is no indication that the patient has reached a plateau from the PT already provided. There is no evidence of attempts to return to modified work duties or full duty work status.

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

Based on the clinical information provided, the request for work hardening x 10 sessions (80 hours) is not recommended as medically necessary, and the two previous denials are upheld. The submitted records indicate that the patient has undergone only 3 sessions of physical therapy which increased her pain. The Official Disability Guidelines support work hardening only after an adequate trial of physical therapy has been completed with improvement followed by plateau. The patient presents with minimal depression and anxiety, per Beck scales, and no significant psychological issues have been identified to support the patient's participation in a multidisciplinary program.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES