



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 10/6/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a work hardening program x 10 days/sessions trial (97545, 97546) for the left knee.

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 disagrees with the previous adverse determination regarding the prospective medical necessity of a work hardening program x 10 days/sessions trial (97545, 97546) for the left knee.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Healthcare and Injury 1

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Healthcare: Denial Letters – 7/25/11 & 8/31/11; Injury 1 Reconsideration Request – 8/15/11, Reconsideration letter – 8/15/11, Evaluate & Treat Script – 6/20/11, Work Hardening Program Pre-auth Request – 7/20/11, Multidisciplinary Work Hardening Plan & Goals Treatment – 7/11/11, Initial Behavioral Medicine Consultation – 6/22/11, Assessment/Evaluation for

Work Hardening Program – 7/11/11; Patient Report of Work Duties – 7/18/11; Institute Functional Abilities Eval – 6/17/11, FCE results – 6/17/11, Psychological Testing – 6/17/11; Weekly Therapy Progress Note – 2/11/11-2/14/11 & 5/9/11-5/13/11; Patient Demographics – 6/21/11; Texas Medical Institute Office Notes – 2/15/11-6/20/11; DO Pre-Auth Requests – 4/11/11 & 5/17/11; US Evaluations PPE Evaluation – 5/16/11; Medical Center Operative Report – 3/24/11; MD script – date illegible, Pre-auth request – 3/15/11; Medical Equipment pre-auth request & Certificate of Medical Necessity – 4/11/11; ODG Knee Brace chapter; Imaging MRI Report – 2/14/11; and Orthopedics Initial Evaluation report – 2/28/11.

Records reviewed from Injury 1: LHL009 – 9/20/11.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker was injured on xx/xx/xx when she twisted her left knee and fell. She noted a pop and felt immediate pain and swelling. She was treated initially by D.O. An MRI of the left knee dated xx/xx/xx showed an acute anterior cruciate ligament tear with extensive bone contusion, grade I sprain of the medial collateral ligament, a moderate-to-large knee effusion, chondromalacia, and a popliteal cyst. She started a physical therapy program and a TENS unit was recommended. She was evaluated by an orthopedic surgeon, M.D. on February 28, 2011 and arthroscopic surgery was recommended. On March 24, 2011, she underwent a left knee arthroscopy with anterior cruciate ligament repair, partial lateral meniscectomy and chondroplasty of the patella.

She had 24 postoperative physical therapy visits, although no reports of those visits are included for review.

On June 17, 2011, a Functional Abilities Evaluation was performed. The results of that evaluation indicated that the worker could perform standing, sitting, walking, and stooping but these activities increased her pain considerably. She was not able to complete activities requiring squatting, crouching, kneeling, crawling, or balance. A four-to-six week work hardening program and psychological evaluation was recommended.

On June 22, a Behavioral Medicine Consult was performed. This consult indicated that the injured worker had noted significant changes in lifestyle, difficulty with activities of daily living, sleep, and interpersonal relationships, and evidence of severe depression and mild anxiety on testing. Recommendations were that the injured worker undergo a work hardening program.

Two letters of denial of work hardening were included in the medical record, one from M.D. and one from M.D.

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

This worker was injured in a work related accident on xx/xx/xx. She had a documented injury to the left knee and required surgical repair on xx/xx/xxxx. She had 24 postoperative physical therapy sessions. She had a Physical Performance Evaluation on May 16, 2011 and a Functional Abilities Evaluation performed on June 17, 2011 and both of these evaluations documented that the injured worker did not meet requirements for her job. The record indicates that the injured worker could return to work, but the employer would prefer that she be at PDL prior to returning to work. She has had 24 postoperative physical therapy sessions, but has not achieved the physical goals necessary for her to return to her work at a proper PDL. She has had a psychological evaluation which demonstrated evidence of significant depression and anxiety and significant changes in lifestyle including difficulty with activities of daily living, sleep, and interpersonal relationships.

This injured worker has a prescription for therapy. She has undergone appropriate screening documentation including evidence that she has been fully treated for her injury and has not reached the desired level of function. Job demands have been identified and it is clear that she does not meet her current job demands. Functional Capacity Evaluation has been performed and indicates that the worker gave a valid effort and did not meet requirements for her job. She has had extensive physical therapy and although I do not have those notes for review, the chart clearly indicates that the injured worker did not reach the required goal of fitness for duty. Surgery has been performed and no further surgery has been recommended. There is no evidence of other medical, behavioral, or co-morbid conditions which would prohibit participation in a work hardening program or contradict successful return to work upon completion of the program. A specific program designed to prepare the worker to return to work has been formulated.

This injured worker meets ODG Treatment Guidelines for a work hardening program and this medical record adequately demonstrates the prospective medical necessity of a work hardening program times ten days/sessions trial for the left knee.

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)