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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Gym Membership with Aquatics

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

M.D., Board Certified Orthopedic Surgery

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

Utilization review determination dated 08/22/11, 09/20/11, 08/05/11

Follow up note dated 08/17/11, 01/05/11, 02/16/11, 04/06/11, 07/25/11, 05/05/11

Designated doctor evaluation dated 11/22/10

Operative report dated 11/30/10

Letter dated 10/03/11, 08/16/11

Initial evaluation dated 06/15/11

Amended report dated 05/04/11

Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xxxx. She was injured when she stepped backwards off a trailer and fell to the ground injuring her left foot and lower back. According to a Designated doctor evaluation dated 11/22/10 her treatment to date has included diagnostic testing, subtalar fusion with iliac graft accompanied by tarsal tunnel release and calcaneal osteotomy on 07/30/09, physical therapy and medication management. The patient has a history of fracture of the distal femur and tibia on the right for which she underwent surgery in 1998. Diagnoses are comminuted fracture, left ocalcalsis, healed with deformity; status post subtalar fusion, left, which has gone to nonunion; lumbar contusion and strain, resolved. The patient was determined not to have reached clinical MMI as she has a nonunion of her subtalar fusion and needs another surgical procedure. The patient subsequently underwent revision of subtalar fusion on 11/30/10. Amended report dated 05/04/11 indicates that CT scan showed that some of the bone graft has extruded causing some distention of the peroneals. The patient was recommended to continue physical therapy. Note dated 07/25/11 indicates that the patient has diffuse atrophy of the muscles and deconditioning in both her lower and upper extremity to not just her ankle injury, but also to other injuries that she has had in the past on her knees and back. It is noted that it would be beneficial for her overall to have a gym membership so that she can work on reconditioning herself particularly if aquatics are available.

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

The Official Disability Guidelines note that gym memberships are generally not supported as medical treatment and report that there is no information flow back to the provider and there may be risk of further injury to the patient. There is no indication that an independent home exercise program has been unsuccessful in this patient's case. There is no documentation that there is a need for special equipment. Given the current clinical data, the requested gym membership with aquatics is not indicated as medically necessary.

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

ACOEM-AMERICA 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)