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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/25/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 80 Hour of work hardening program

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D. O. Board Certified Pain Medicine

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 medical necessity exists for each health care service in dispute. It is this reviewer's opinion that medical necessity has not been established for the requested 80 hours of additional work hardening

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical records 01/27/12-10/03/12

Radiograph CT lower extremities 04/03/12

Operative report 05/04/12

Clinical record 12/20/12

Multidisciplinary work hardening plan and goals of treatment undated

Initial clinical interview and assessment, LCSW 01/10/13

Patient report of work duties 01/10/13

Functional capacity evaluation 01/31/13

Work hardening daily report 02/01/13

Work hardening pre-authorization request 02/07/13

Work hardening request reconsideration 02/18/13

Prior reviews 02/12/13 and 03/04/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who initially sustained an injury on xxxxx when he sustained a fracture of the fifth metatarsal of the left foot. The patient appeared to have had an initial repair which resulted in mal-union. This was again addressed on 05/04/12. Post-operatively, the patient was recommended and approved for a work hardening program and the work hardening daily report on 02/01/13 indicated that the patient completed 80 initial hours. Per the report, the patient demonstrated fair strength and endurance and tolerated the treatment plan. The patient was recommended for additional work hardening. The pre-authorization request dated 02/07/13 indicated that the patient was currently functioning at a medium physical demand level but required a higher physical demand level. The patient's baseline FABQ scores were stated to be 30 for work and 13 for physical activity. BDI score was 12 and BAI score was 5. The work hardening treatment

goals were to have scores lower than the baseline findings, but no specifics were given. A reconsideration report dated 02/18/13 indicated that the patient did perform with a higher physical demand level than his baseline values. The patient was again recommended for a multi-disciplinary work hardening program.

The requested additional work hardening with a multi-disciplinary aspect was denied by utilization review on 02/12/13. The previous reviewer indicated that there was no indication of more than submaximal or inconsistent effort on functional capacity evaluation testing. Given the submaximal and inconsistent effort, the patient was already at a medium physical demand level and did not meet Official Disability Guideline criteria for a work hardening program.

The request for additional work hardening was again denied by utilization review on 03/04/13 as there were limited objective indications regarding emotional distress and all psychological goals appeared to have been met with the exception of a reduction in FABQ scores.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Based on the clinical documentation provided for review, there is limited evidence to support an ongoing work hardening program. From the provided initial functional capacity evaluation on 01/31/13, the patient was already at a medium physical demand level. After 10 sessions of work hardening, there was no clear indication that the patient had had any significant improvement in physical demand level ability. From the request reports, the patient's ultimate treatment goals were non-specified and only indicated that the patient should have lower scores than baseline values from 01/10/13. The reports did not identify any functional gains made by the patient with the initial 10 sessions of work hardening. Per current evidence based guidelines, additional work hardening is supported when there is objective evidence of functional improvement and gains in physical demand level with evidence of persistent functional limitations that would reasonably require ongoing work hardening. In this case, as there is limited evidence of any significant improvement in the work hardening program, an additional 80 hours cannot be supported as reasonable or necessary. As such, it is this reviewer's opinion that medical necessity has not been established for the requested 80 hours of additional work hardening and the prior denials are upheld.

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)