P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Jan/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Hardening: 40 hours for the right foot

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
PM&R and Pain medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] 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 <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Peer review dated 04/02/12
Designated doctor's evaluation dated 11/14/12
Functional capacity evaluations dated 10/19/12 – 12/06/12
Work hardening team conference summary dated 12/10/12
Patient activity flow sheet dated 11/29/12 - 12/07/12
Work hardening daily rehabilitation worksheet dated 12/07/12
Work hardening daily note dated 12/07/12
Group psychotherapy note dated 12/07/12
Reassessment for work hardening program dated 11/16/12
Individual psychotherapy report dated 12/07/12
Work hardening pre-authorization requests dated 11/20/12 – 12/21/12
Prior reviews dated 12/17/12 and 01/02/13
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who sustained an injury when a shelf fell on her right foot. Initial radiographs were stated to show no evidence of fractures and there were mild degenerative changes of the 1st metatarsal phalangeal joint. The patient did undergo prior physical therapy for 10 sessions in 2011. The patient underwent a cheilectomy with arthrotomy and debridement of the 1st metatarsal phalangeal joint on 06/15/12. The patient was released for regular work without restrictions in 09/12. The patient did finish postoperative physical therapy as well as 1 week of work conditioning. As of 11/14/12, the patient was reported to be released to regular work and was looking for a job at that time. The patient initiated a work hardening program for 10 days through 12/07/12. Per the initial functional capacity evaluation completed on 11/16/12, the patient was at a medium physical demand level. A post-work hardening functional capacity evaluation completed on 12/06/12 indicated that the patient was still at a medium physical demand level. The rehabilitation summary dated 12/10/12 indicated that the patient had a heavy physical demand level. The patient was stated to have improved with the work hardening program. From the work hardening pre-authorization request, the patient was reported to have increased pain, irritability, frustration, and muscle tension. The patient's anxiety had also increased as well as sleep disturbance.

The request for additional work hardening for 40 hours was denied by utilization review on 12/17/12 as there was no evidence of therapeutic benefit from a physical ability standpoint. The patient's physical demand level did not change after work hardening.

The request was again denied by utilization review on 01/02/13 as there was inadequate progress to justify continuation of the program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The clinical documentation provided for review does not support ongoing work hardening for 40 hours. Per the clinical provided for review, the patient maintained a stable physical demand level of medium. Per the functional capacity evaluation, the patient does meet the required physical demand level for work. The patient's designated doctor's evaluation also identified that the patient was released to full duty and was currently looking for work. As there was no evidence of any significant functional improvement with the initial 80 hours of work hardening, there is no support for continuing the work hardening program for an additional 40 hours per guideline recommendations. As such, medical necessity is not established and the prior denials are upheld.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES