

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/21/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 3 X wk X 4 wks

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:

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 05/14/13, 06/05/13
Reconsideration for work hardening dated 05/20/13
Preauthorization request dated 05/09/13
Patient report of work duties dated 04/19/13
Employee job description employer contact form dated 04/30/13
Functional capacity evaluation dated 04/19/13
History and physical dated 04/23/13
Work hardening plan and goals of treatment undated
Initial behavioral medicine consultation dated 04/23/13
Office note dated 04/05/13, 03/08/13
Medication report dated 09/11/12-06/11/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was walking out of the side of a moving truck on a walk board when the board slipped off the edge of the truck and he fell to the ground, causing him to jam his right foot injuring the foot and ankle. Functional capacity evaluation dated 04/19/13 indicates that required PDL is very heavy and current PDL is heavy. Initial behavioral medicine consultation dated 04/23/13 indicates that treatment to date includes x-rays, physical therapy x 11 and medication management. The patient is not a surgical candidate at this time. Current medication is Naprosyn. BDI is 0 and BAI is 14. Diagnosis is pain disorder associated with both psychological factors and a

general medical condition, chronic. Work hardening program preauthorization request dated 05/09/13 indicates BDI is 0 and BAI is 8.

Initial request for work hardening 3 x wk x 4 wks was non-certified on 05/14/13 noting that he currently is only taking Naproxen. Psychologically the claimant shows fear avoidance behavior. The patient's BAI and BDI are very low. The claimant does not have a specific job to return to, but may reapply at his old job position. The specific hours of the work hardening program re not specified. Assuming three times a week for four weeks is eight hours a day, the request is for 96 hours of a work hardening program. The patient has not had any recent physical therapy since 02/14/13. Based on treatment guidelines, there must be future employability for a work hardening program to be supported. Based on the functional capacity evaluation the claimant was not currently working and it is uncertain if the claimant has a job to return to; therefore, the medical necessity of a work hardening program cannot be determined at this time. The claimant is noted to have no significant functional deficits to support the medical necessity of a work hardening program at this time. Reconsideration dated 05/20/13 indicates that they are requesting 80 hours of work hardening. The first option is to get the patient to reapply with his old employer if he is eligible. The denial was upheld on appeal dated 06/05/13 noting that the patient's Beck scales are within normal limits. The patient is not currently taking any narcotic or psychotropic medications.

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

The patient sustained injury to his foot and ankle as a result of a fall on xx/xx/xx. The patient has completed 11 sessions of physical therapy. The submitted functional capacity evaluation indicates that the patient is currently functioning at a heavy PDL and required PDL for return to work is very heavy. There is no clear rationale provided as to why the patient cannot achieve a very heavy PDL with additional physical therapy or a home exercise program given that he is currently near his required physical demand level. The patient does not present with significant psychological indicators as evidenced by his Beck scales. The patient does not have a job to return to at this time, and the patient is not currently taking any psychotropic or opioid medications. Current medication is listed as Naprosyn. As such, it is the opinion of the reviewer that the request for work hardening 3 x wk x 4 wks is not recommended as medically necessary.

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