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Notice of Independent Review Decision

DATE OF REVIEW: 5/11/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 30 hours of work conditioning for symptoms related to the right knee and right ankle injury.

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 Rehab.

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 medical necessity of 30 hours of work conditioning for symptoms related to the right knee and right ankle injury.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the records this worker was injured on xx/xx/xx. There is no description of the mechanism of injury or even the body parts injured although there is mention of injury to the right knee and ankle in other parts of the record. The records indicate that the worker was treated with extensive physical therapy, but failed to improve. He was ultimately referred to an orthopedist that evaluated him and found tears of the medial and lateral menisci. He underwent surgery for meniscectomies. There is also mention of surgery on the posterior cruciate ligament. Apparently, the worker did not receive lasting improvement following that surgery and further evaluation revealed tri-compartmental end stage osteoarthritis of the right knee. The injured worker reportedly underwent a total knee arthroplasty on May 24, 2012. It appears that he developed a flexion contracture of the knee which required a third procedure sometime later. It is unclear how much and what type of therapy the injured worker has received since his last surgery. The first record presented for my review is a Functional Capacity Evaluation dated February 26, 2014. This evaluation indicates that the worker has limited range of motion of the right knee with -10° of extension and 101° of flexion. He also demonstrated mild limitation of motion of the right ankle compared to the left ankle. He was determined to be functioning at a medium Physical Demand Level. A work conditioning program was recommended. There are two letters of denial of the requested work conditioning program. Neither of these is very legible. It appears to me that the first request for review dated March 25, 2014 was denied because it was felt that the injured worker may have psychological problems which may preclude participation in the program. A letter from an involved physician, D.C., dated March 20, 2014, stated that the injured worker was depressed and focused on pain but that a psychotherapist had assessed the injured worker and determined that he was a proper candidate for a highly structured work conditioning program. The second letter of denial for this injured worker started that he had significant physical restrictions due to his injury and subsequent treatment. These restrictions, however, were not confirmed in the record presented for review.

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

Approval of requested work conditioning program as being medically necessary

Rationale or Basis for Decision:

As previously stated, limited medical records are presented for review. According to the records presented to me, this worker had injuries to his right lower extremity, specifically the knee and ankle, on xx/xx/xx. He had conservative treatment but failed to improve. He

subsequently had three surgical procedures on his right knee. These procedures included medial and lateral meniscectomies, surgery on the posterior cruciate ligament, and a total knee arthroplasty as far as I can tell from records presented for my review. It is unclear to me what services have been provided to the injured worker recently, but he is currently under the care of physicians and there is a request for intensive physical therapy and a work conditioning program. The record indicates that the worker is functioning at a medium Physical Demand Level. He still has pain and is depressed and focused on the pain, but a psychotherapist has reportedly determined that he is an appropriate candidate for a highly structured work conditioning program. stated in his note of March 20, 2014 that the injured worker "made improvements during the previous levels of care." The injured worker has functional deficits as demonstrated by his functional capacity evaluation. He is apparently willing to participate in a work conditioning program and has a position available to him when he completes the program if he can function at a heavy Physical Demand Level. Previous letters of denial mention psychosocial problems which, according to the record that I saw, are not likely to prevent the injured worker from benefitting from a work conditioning program. One of the reviewers indicated that the injured worker would have specific physical limitations which would prevent him from returning to any heavy Physical Demand Level job. If indeed these restrictions have been placed on the injured worker (and this record presented for my review does not confirm that) then a work conditioning program would not be appropriate. However, since this record does not indicate that the treating physicians have placed these specific limitations on this injured worker, it would seem appropriate and medically necessary that the injured worker enter a work conditioning program for 30 hours of intensive physical therapy. I see no evidence that there are psychosocial, drug, or attitudinal barriers to recovery and a work conditioning program would seem to be appropriate to assist the injured worker in reaching a heavy Physical Demand Level performance and returning to work in the position he has available to him.

VI. Reference:

ODG Treatment Guidelines

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)