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An Independent Review Organization

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IRO Express Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 08/07/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

80 hours of work hardening program

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)

Patient Clinical History (Summary)

The patient is male who was injured on xx/xx/xx when a section of scaffolding fell on the patient's foot. The patient sustained fractures at the middle and distal fourth phalanx of the right foot. The patient had remained on restrictions despite 12 sessions of physical therapy. There was no indication of delayed or non-union of the fracture delayed healing or non-union of the fracture. The 04/27/15 designated doctor evaluation completed noted loss of extension of the great toe as well as limited dorsiflexion of the metatarsal phalangeal joint of the great toe. There was also loss of plantarflexion of the fifth toe. Motor strength is intact and there was no significant swelling or discoloration. The patient was developing claw toe deformities of the third fourth and fifth toes to the right foot. The patient had been recommended for a work hardening program by the treating physician. A functional capacity evaluation from 05/13/15 noted the patient was unable to return to his normal occupation. The patient's psychological assessment from 06/12/15 noted a dysthymic mood and constricted affect. The patient was noted to have moderate anxiety with a BAI score of 20 with minimal depression. The patient's FABQ scores found no significant fear avoidance behaviors. The report then stated the patient did endorse fear avoidance of both physical activity in general as well as work. The requested work hardening program was denied by utilization review on 07/01/15 as there was a lack of a detailed analysis of to evaluate psychosocial overlay. There was also no indication that the patient had plateaued with standard physical therapy. The request was again denied on 07/14/15 as there was lack of documentation regarding a plateau of physical therapy. A peer to peer discussion had been performed and the requesting physician indicated that he had not seen the notes regarding physical therapy. still felt the patient was good candidate for a work hardening program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The clinical documentation submitted for review does note ongoing issues with the patient's right ankle. The most recent functional capacity evaluation indicated that the patient was unable to return to his normal occupation. The records noted that the patient had failed to improve with 12 sessions of physical therapy;

however, no physical therapy reports were available for review describing what type of treatment was provided and whether this was active or passive in nature. There is still limited indications that the patient has reasonably plateaued with standard physical therapy or that functional gains could not be made with a less intensive program such work conditioning. Without any indication that the patient had reasonably plateaued with prior physical therapy it is this reviewer's opinion that medical necessity for the request has not been 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:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)