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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/17/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening program 80 hours right knee

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation 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. It is the opinion of the reviewer that the request for work hardening program 80 hours right knee is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient reports that he fell off of a truck. The patient underwent removal of irritable internal fixation on 08/22/14. Functional capacity evaluation dated 12/10/14 indicates that required PDL is medium and current PDL is sedentary. PPE dated 01/20/15 indicates that current PDL is sedentary. Physical therapy evaluation dated 01/20/15 indicates that pain is rated as 6/10. Physical therapy evaluation dated 01/20/15 indicates that the patient has undergone 5 right lower extremity surgeries. The most recent surgery was revision/ORIF of the tibia and fibula due to 8 fractures (intramedullary tibial rod noted with 8 tibial and fibular screws). The patient has reportedly been advised to place 20% of his body weight on his right leg. Reassessment and discharge summary dated 01/21/15 indicates that the patient participated in an OMR neurocognitive rehabilitation program. Current BAI is 22 and BDI is 27. Current medication is Etodolac.

Initial request for 80 hours of work hardening was non-certified on 01/22/15 noting that the claimant was recently approved for 60 hours of MR cognitive rehabilitation. There is no behavioral assessment from before or after the most recent therapy. There is no job description outlining lifting requirements or job duties. The functional capacity evaluation noted all lifts at 22 pounds, but provides no rationale why tests were terminated at the same weight. There is inadequate documentation to substantiate medical necessity of the request and it is not in keeping with the ODG treatment guidelines. The denial was upheld on appeal dated 01/27/15 noting that the functional capacity evaluation summary report dated 01/05/15 states the employee's current PDL is light medium and his work required PDL is medium; however, the actual values indicate the employee is at a medium PDL and the work required PDL appears to be self-reported and a written job description or DWC 74 from the employer has not been provided.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on 12/04/13 and has undergone multiple surgeries. There is no comprehensive assessment of non-operative/postoperative treatment completed to date and the patient's response thereto submitted for review. The Official Disability Guidelines require documentation of an adequate course of physical therapy with improvement followed by plateau which is not documented in the submitted clinical records. There are no serial physical therapy records submitted for review. There is no specific, defined return to work goal provided. Based on the functional capacity evaluation performed in January, it appears that the patient has reached a medium physical demand level based on the actual values provided. As such, it is the opinion of the reviewer that the request for work hardening program 80 hours right knee is not recommended as medically necessary 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)