Maturus Software Technologies Corporation
DBA Matutech, Inc
881 Rock Street
New Braunfels, TX 78130
Phone: 800-929-9078
Fax: 800-570-9544

June 9, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Hardening Program x 80 hours/units

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME:

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

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who suffered fracture of the calcaneus bilaterally on xx/xx/xx, as he jumped off a ladder that was collapsing from approximately 7-8 feet to the ground.

On December 17, 2014, the patient was seen in physical therapy (PT) evaluation status post open reduction and internal fixation of the left calcaneus fracture on October 2, 2014. He was advised weightbearing as tolerated and PT two to three times per week for six weeks.

On January 12, 2015, a preauthorization request was made for PT to include hot/cold packs, manual therapy, pool therapy and therapeutic exercises.

On January 27, 2015, requested a functional capacity evaluation (FCE) at for bilateral calcaneus.

On February 16, 2015, performed an initial rehab evaluation for bilateral calcaneal pain. He noted mild pain and tenderness in the medial malleoli medially, laterally

and bilaterally. Taut and tender fibers were noted bilaterally in the plantar fascia and in the distal portion of the gastrocnemius, soleus and Achilles tendon. assessed traumatic compression fracture of the calcaneus bilaterally, confirmed by x-rays and magnetic resonance imaging (MRI), left calcaneal fracture that was stabilized surgically on October 2, 2014. The patient was wearing orthopedic compressions, socks that were knee-high on both lower extremities, using an orthopedic walker to support his ambulation efforts. He recommended therapy three days a week for four weeks.

On March 24, 2015, noted the patient had an MRI of the right foot and ankle on January 30, 2015, that revealed patchy stress edema in the cuneiforms, cuboid and third and fourth metatarsal bases without a fracture. The patient was participating in therapy and had one more session left. The patient rated his pain level as 3/10 intermittently in the heel with weightbearing activities. The patient leaned on to his wife while ambulating. His gait was slow and labored with a right limp. The plantar surface of the right foot was tender from the calcaneus through the arch. Range of motion (ROM) of the ankle was limited with pain. recommended the patient have an updated FCE upon completion of therapy, prescribed Lodine and requested a work hardening program (WHP)

On March 31, 2015, performed a behavioral medical consultation and assessed major depressive episode, depressed or irritable mood, diminished interest or pleasure, weight gain of 20 pounds, feeling of worthlessness and somatic symptom disorder with persistent moderated predominant pain. opined the patient was a good candidate for WHP.

On March 31, 2015, stated the patient sustained a work related injury. The patient had exhausted conservative courses of treatment and was unable to return to prior levels of functioning and work. An objective FCE and behavioral evaluation confirmed the necessity of this program. The patient required by medical necessity, a comprehensive occupational rehabilitation program for successful return to work. The patient had a targeted job to return to and had met all the accepted criteria for entrance into the comprehensive program. The patient had a realistic opportunity to benefit from this program and should be admitted immediately.

A physical Performance Evaluation (PPE) dated April 3, 2015 placed the patient in the medium physical demand level (PDL) versus heavy PDL as required by her job. The patient could not perform the job demands based on her current evaluation outcomes. The patient was recommended to continue active PT or some form of tertiary vocational therapy such as four to six weeks of WHP. It was also felt the patient would benefit from a referral to a functional restoration program.

On April 13, 2015, a pre-authorization request was made for WHP.

On April 16, 2015, the request for Work Hardening Program x 80 hours/units was denied. Rationale: "*The patient underwent surgery of his left foot including placement of one plate and 9 screws on October 2, 2014. He was previously treated with medications and PT. As per the March 31, 2015, initial clinical interview*

and assessment, the patient presented with bilateral foot and ankle pain rated at 1/10. His Beck Depression Inventory-I1 score was 15, which indicated mild depression and her Beck Anxiety Inventory score was 33, which indicated severe anxiety. His responses on the Fear Avoidance Beliefs Questionnaire showed significant fear avoidance of work at a score of 39 as well as significant feat avoidance of physical activity in general at a score of 24. As per the April 3, 2015 FCE, the patient was performing at a medium PDL while his job as a welder required a heavy PDL. His current medications included hydrocodone-acetaminophen, Flexeril and etodolac. As per the April 13, 2015, the patient presented with injury of feet and ankles status post surgery in October 2014. He completed six sessions of PT following the surgery with modest improvement. His treating physician was recommending that the patient be progressed to WHP due to the persistence of functional deficits, which were impeding his ability to make a safe return to work on full duty. The patient expressed a sincere desire to return to work on full duty. While the patient presented with functional deficits and psychological overlay, there was no clear documentation provided if he has an adequate trial and has plateaued in his response to postoperative PT. There was also no clear indication that he is no longer a surgical candidate or that injections or other treatments are no longer warranted to improve function. On speaking with the requesting provider, it was noted that the patient had not plateaued in formal physical therapy but that requests had been denied. The patient has not reached a point at which work hardening is medically necessary as per workers compensation guidelines. Hence, the medical necessity of the request is not established."

On April 30, 2015, a request for reconsideration/appeal of the patient to participate in WHP was made.

On May 15, 2015, upheld the denial with the following rationale: "*While the patient presented with functional deficits and psychological overlay, there was no clear documentation provided if he has an adequate trial and has plateaued in his response to postoperative. Hence, the medical necessity of the request is not established."*

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

The individual underwent ORIF of the left calcaneus on October 2, 2014 followed by physical therapy. At the time of the request for work hardening he was reported to require leaning on his wife to stand and ambulate. Per ODG the individual must be healed well enough to participate and progress in the work hardening program. If he requires this kind of assistance for standing and/or ambulation clearly he would not be a candidate for work hardening. He may be candidate for further treatment, but based on the last record I have review he was not ready for work hardening.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**