



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

DATE OF REVIEW: 8/26/2015

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program x 80 hours/units for the right ankle.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D. Board Certified in Occupational Medicine and Urgent care.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The applicant is a beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of XX/XX/XXXX. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with an avulsion fracture of the distal fibula, per MRI imaging of August 11, 2014; 12 sessions of preoperative physical therapy; ankle surgery on January 27, 2015; 34 sessions of postoperative physical therapy; 15 sessions of psychotherapy; and six sessions of biofeedback.

On a Functional Capacity Evaluation of July 2, 2015, the applicant terminated several tests due to "fear of further injury." The applicant was using a cane, it was suggested.

In a Utilization Review report dated July 10, 2015, the claims administrator denied a request for work hardening. The claims administrator cited the applicant's reportedly inconsistent performance and/or lack of suboptimal effort on a Functional Capacity Evaluation (FCE).

On July 16, 2015, the treating provider sent in an appeal letter/reconsideration request stating that the applicant in fact gave his best effort on the Functional Capacity Evaluation but did not perform well owing to his reliance on a cane and ankle brace. The treating provider suggested that the applicant be progressed to a work hardening program after having exhausted extensive preoperative and postoperative physical therapy. The treating provider stated that the applicant was currently functioning in a sedentary physical demand level while his pre-injury job required performance at the heavy physical demand level. The treating provider did not, however, state whether or not the applicant had a job to return to.

On July 24, 2015, the claims administrator upheld the initial denial. The claimant and/or treating provider appealed further.

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

Per ODG references, the requested "Work Hardening Program x 80 units for the right ankle" is not medically necessary. As noted in ODG's Ankle and Foot Chapter Work Hardening topic, one of the cardinal criteria for admission to a work hardening program is evidence that an applicant has a specific defined



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return-to-work goal or job plan which has been agreed upon by both the applicant and employer. Here, however, there was no evidence submitted to support the proposition that the applicant in fact had a job to return to. The July 15, 2015 appeal letter made no mention of whether or not the applicant had a job to return to after over a year from the date of injury. ODG also stipulates that a requesting provider should perform a screening evaluation to include vital topics such as "current employability, future employability, and time off of work." Here, the treating provider did not discuss current employability, future employability, and/or time off of work in a meaningful fashion. The treating provider did not state why a work hardening program was sought when it was not clearly established that the applicant in fact had a job to return to. There was no mention of whether or not the applicant's employer was or was not willing to allow him to return to work at this relatively late stage in the course of the claim, i.e., some one year and one month removed from the date of injury. ODG also notes that another criteria for admission into a work hardening program is evidence that a valid precursor Functional Capacity Evaluation be performed, administered, and interpreted, demonstrating results which indicate consistency with maximal effort. Here, some doubts were cast as to the validity of the FCE. The applicant apparently gave suboptimal effort owing to fear of inciting pain and/or injury. ODG also notes that work hardening is recommended as an option, depending on the availability of quality programs. Here, the requesting provider did not identify the success rate with the program in question, nor did the requesting provider identify how precisely the applicant could benefit from the program from a functional and/or vocational perspective. Therefore, the request is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- 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