IRO Express Inc.

Notice of Independent Review Decision

Case Number: XXXX Date of Notice: 7/17/2018 11:35:47 AM CST

IRO Express Inc.

An Independent Review Organization 2131 N. Collins, #433409 Arlington, TX 76011 Phone: (682) 238-4976 Fax: (888) 519-5107

Email: reed@iroexpress.com

IRO REVIEWER REPORT

Date: 7/17/2018 11:35:47 AM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Work Hardening X 10 for the right lower leg

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

REVIEWED THE DECISION: Occupational Medicine

REVIEW OUTCOME:

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

	Disagree
☐ Partially Overtuned	Agree in part/Disagree in part
☐ Upheld	Agree

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XX with history of an occupational claim from XX. The mechanism of injury was detailed as a fall. The reconsideration report from XX notes that the patient is an appropriate candidate for an interdisciplinary work hardening program. The patient is currently experiencing right foot and lower leg pain, physical limitations and psychosocial stressors stemming from a work-related injury. The patient did have findings of minimal depression and anxiety from the mental health evaluation completed on XX. The patient's baseline PDL is sedentary. There was significant musculoskeletal deficits documented per the FCE with right ankle range of motion and overall lower extremity musculature which made significant improvement. The patient previously underwent an ORIF of the right calcaneus in XX. The patient completed a course of physical therapy and is not a candidate for additional surgical intervention. The patient has mild anxiety and depression. The mild anxiety and depression will be addressed in a work hardening program through group therapy sessions. The patient does have a job to return to upon successful completion of the program. The patient's work PDL category is light. The patient is unable to safely independently return to XX usual and customary duties of a XX. The work hardening program is the patient's best chance of restoring functional capacity meeting XX return to work goals.

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

The official disability guidelines note that work hardening program is recommended for patients who have appropriate screening documentation, a work-related muscular skeletal deficit has been identified with the addition of evidence of cysts physical, functional, behavioral and/or vocational deficits that preclude the ability to safely achieve current job demands, and FCE needs to be completed. There needs to be evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau. The patient should not be a candidate for additional surgery. There should be an evidence of a return to work plan. 10 initial work hardening sessions is recommended by guidelines. The documentation indicates the patient did undergo appropriate screening. The patient has functional, physical and behavioral deficits that preclude the patient's ability to return to work safely. And FCE was completed the patient's functional level is not at current work level. The patient has previously completed physical therapy and the patient is not a candidate for additional surgery.

Therefore, the request for work hardening x10 for the right lower leg is medically necessary and the prior determination is overturned.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☑ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Pain, Work conditioning, work hardening Criteria for admission to a Work Hardening (WH) Program: