

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

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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning 3 x wk X 4 wks, left hip/leg

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX who has a history of an occupational claim from XXXX. The mechanism of injury was detailed as a XXXX. The patient's treatment history included a pelvic open reduction and internal fixation in XXXX, a total hip replacement 6 months later and revision of the hip replacement in XXXX. The patient then underwent open reduction and internal fixation of a periprosthetic hip fracture in XXXX. The patient participated 24 sessions of physical therapy to the hip between XXXX and XXXX. On XXXX, a recommendation was made for work hardening 3 times a week for 4 weeks. This request was previously reviewed and received an adverse determination due to a lack of a comprehensive evaluation determining psychosocial barriers or contraindications for undergoing a work conditioning program. An appeal was submitted due to a lack of documentation of a diagnostic interview with a mental health provider. The patient was again evaluated on XXXX. Objective findings of the knee documented mild crepitation bilaterally and medial joint line and patella tenderness with mild swelling. The patient had a positive medial and lateral McMurray's sign bilaterally and pain with active range of motion. On that day the patient underwent bilateral Supartz injections. The patient's diagnoses included osteoarthritis of the bilateral knees.

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

The Official Disability Guidelines recommend work conditioning for patients who have plateaued with and more intense course of therapy. Work conditioning is generally recommended for up to 10 sessions. The documentation submitted for review does indicate that the patient had an extensive course of physical therapy and achieved 90% goals. A recommendation was made to transition the patient into a work conditioning program to restore the patient to previous function. There is no documentation

between the completion of therapy in XXXX and the submission of a request for work conditioning in XXXX. It is unclear what the patient's functional status was at the time of the request for work conditioning. The previous determinations were due to a lack of documentation of a psychological evaluation. However, this is not generally part of the criteria for a work conditioning. In this case, there is a lack of documentation of a physical assessment supporting the need for an escalation in treatments in XXXX. Additionally, the request exceeds the guideline recommendation of 10 sessions. No exceptional factors were provided to support this patient does not like to the guidelines. As such, the requested work conditioning 3 times a week for 4 weeks for the left hip and leg is not certified.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Hip and Pelvis Chapter, Work Conditioning/Work Hardening