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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning Program for Left Ankle;
30 hours 5 days a week for 2 weeks with eval after completion of program 8 units

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:

- | | |
|---|--------------------------------|
| <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 now XXXX year-old XXXX with a history of an occupational claim from XXXX. The mechanism of injury was described as having a XXXX in the ankle. XXXX was diagnosed with derangement of the ankle, ankle weakness, and crushing injury of the left ankle. On XXXX, the patient presented for follow-up with a left ankle injury. On physical examination, there was tenderness to palpation over the anterior talofibular ligament, and the flexor digitorum, and in the anterior tibialis tendon. Range of motion was restricted and painful. Motor strength was diminished, with 4/5 strength on plantarflexion and dorsiflexion, and 2/5 strength with inversion and eversion. The treatment plan included recommendation to continue therapy as scheduled, and to resume work conditioning. The request for work conditioning was previously denied due to limited objective findings to support intensive therapy, no evidence of a functional capacity evaluation or job history, and no psychological evaluation to objectively note the current psychological status of the patient. Furthermore, the request was denied as there was insufficient documentation regarding a failure of conservative care modalities to support intensive therapy. Following the denial, a functional capacity evaluation was provided for review, indicating that the patient would be a good candidate for work hardening. Some deficits were observed on examination, including decreased left ankle mobility. The patient demonstrated guarded posture when lifting due to impaired balance. The request was submitted for an appeal.

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

Regarding the requested work conditioning program, the available documentation indicated that the patient had previously participated in a work hardening program. Additional treatment was

recommended. However, as noted in the previous denial, there was minimal documentation regarding significant functional deficits that would require intensive therapy as opposed to participation in a self-directed home exercise program. The Official Disability Guidelines indicate that upon completion of a rehabilitation program such as work hardening or work conditioning, neither reenrollment in nor repetition of the same or similar program is medically warranted. As such, the necessity of work conditioning is not supported.

Therefore, Work conditioning program for the left ankle, 30 hours, 5 days a week for 2 weeks with eval after completion of program, 8 units is non-certified, and the original determination is upheld.

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, Ankle and Foot, Work conditioning, work hardening. Criteria for admission to a Work Hardening (WH) Program: