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An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:

Work conditioning in order to improve positional tolerances, endurance, and ability to perform work-related activities without limitations, improve overall strength, coordination, and range of motion required for return to work
XX -Conditioning and work hardening, first two hours
XX - Conditioning and work hardening, each additional hour following the first two hours
XX – Work Conditioning

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Occupational Medicine Physician

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

- ☐ Overturned (Disagree)
- ☑ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XX. XX XX is a XX-year-old XX who was injured on XX. XX sustained injuries after XX and XX and XX. The diagnoses included XX, unspecified foot (XX.XX).

XX. XX was seen by XX on XX for a follow-up. XX was doing much better, and x-rays revealed good healing. On examination of the XX XX, healed incisions were noted. There was no swelling and no tenderness. There was an improved range of motion. XX was going to have work conditioning to return to work. On a functional capacity evaluation dated XX, XX. XX was indicated to be in a heavy physical demand category.

Per an office visit dated XX by XX, XX. XX presented for a follow-up. XX was a XX and had to XX, and XX was not confident to do it at the time. XX complained of pain with the weather change. XX opined that XX. XX would benefit from work conditioning. The assessment included displaced fracture of body of XX XX, subsequent encounter with routine healing and displaced fracture of body of XX XX, subsequent encounter for fracture with routine healing.

The treatment to date included medications (XX), physical therapy, and surgical interventions including XX surgery and XX XX surgery. The hardware in XX XX was taken out on XX.

Per a peer review dated XX and utilization review decision letter dated XX by XX, the request for Daily work conditioning program XX for XX / ankle was denied. Rationale: “The request for a daily work conditioning program is not medically necessary, medically appropriate, or indicated here. As noted in Official Disability Guidelines (ODG) XX XX Chapter Work Conditioning, Work Hardening topic, the best way to get an injured worker back to work is via a

modified duty transitional return to work program, (rather than through formal work conditioning or work hardening) It is unclear why a work conditioning program was ordered as opposed to enjoining the claimant to return to work through the auspices of modified duty transitional return to work program. While ODG's Ankle and Foot Chapter Work Conditioning Guidelines acknowledge that work conditioning amounts to an additional series of intensive physical therapy, required beyond a normal course of physical therapy, here, however, it was not clearly stated or clearly established if the claimant was in need of such a program. While work restrictions were imposed on XX, it is unclear whether the claimant was or was not working with said limitations in place. The extent, magnitude, severity, and scope of the claimant's residual physical impairment was not, moreover, clearly discussed, detailed, or characterized on XX, office visit at issue. Therefore, the request is not medically necessary."

Per a peer review dated XX and utilization decision review letter dated XX, the request of work conditioning XX, XX for the XX XX / XX was denied by XX. Rationale: "Per the guidelines, work conditioning should be initiated when imminent return of a claimant to modified or full duty is not an option, but the prognosis for returning the claimant to work at completion of the program is at least fair to good. In this case, the claimant is XX post XX XX fracture with surgery to XX. XX was treated with physical therapy and indicated that a heavy physical demand level has been demonstrated. Additionally, the clinical findings note improved ROM and good alignment. However, the specifics as to what is to be achieved in work conditioning has not been addressed. Considering the findings reflect capacity for heavy physical demand level (PDL), minimal clinical findings, and that full duty has not been attempted, the request does not meet criteria. Therefore, the request for work conditioning XX (XX) a week, XX XX for the XX XX / XX is not medically necessary."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted functional capacity evaluation indicates that the patient's current physical demand level is heavy. There is no job description submitted for review to establish that the patient's current abilities are insufficient to allow for return to work at this time. There is no indication that the patient has attempted to return to work. There are no serial physical therapy records submitted for review documenting a plateau in treatment. Therefore, medical necessity is not established in accordance with current evidence based guidelines. There is no clear explanation as to what goals this additional therapy would achieve in this specific case. Given the documentation available, the requested service(s) is considered not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines

XX

- ☐ Pressley Reed, the Medical Disability Advisor

Notice of Independent Review Decision

Case Number: ***XX*** Date of Notice: 01/16/19

☐ Texas Guidelines for Chiropractic Quality Assurance and 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 (Provide a description)

Appeal Information

You have the XX to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.