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DATE OF REVIEW: 12/31/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning 5 times a week for 4 weeks

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery.

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Work Conditioning 5 times a week for 4 weeks	97545 - 97546	Upon approval	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Documentation:	Date:
Operative report –MD – Hospital	05/25/07
Office Visit - MD -	07/11/07
Office Visit –OT –	07/12/07
Office Visit – Functional Capacity Evaluation –MD –	07/16/07
Work Conditioning Summary –	08/03/07
Office Visit & Work Status Report – MD -	08/08/07
Letter regarding denial of additional work conditioning –OTR -	08/21/07
Office Visit –MD -	08/29/07
Letter regarding denial of additional work conditioning - OTR -	10/02/07
Office Visit –MD -	10/03/07
Letter regarding claimant's current status to Dr. - OTR -	10/30/07
Office Visit & Work Status Report –	10/31/07
Utilization Review Request – Additional Work Conditioning –MD -	11/05/07
Utilization Review Decision – Adverse determination for additional Work Conditioning – ODG Guidelines and source criteria included -	11/08/07

Letter of medical necessity for work conditioning –MD -	11/14/07
Utilization Review Request – Additional Work Conditioning –MD -	11/21/07
Office Visit –MD –	11/28/07
Utilization Review Appeal Decision – Adverse determination for additional Work Conditioning – ODG Guidelines and source criteria included -	11/30/07
Office Visit –MD –	12/19/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was allegedly injured on xx/xx/xx and on xx/xx/xx underwent an open reduction and internal fixation of right distal radius mildly displaced fracture and left comminuted distal radius fracture. Diagnosis is bilateral wrist fractures, comminuted on the left and mildly displaced on the right. The mechanism of injury was not given but apparently he fell at work. The patient has had physical therapy and 10 sessions of work conditioning.

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

The patient has completed P.T. and was approved for 10 sessions of work conditioning. There is no documentation of the actual number of P.T. sessions the claimant attended. Additionally, a baseline FCE was done on 07/16/07. He was found to be at a heavy PDL. His maximum lift was 105# with a heart rate at 156 bpm. His target heart rate was 151 bpm. After this FCE was done he had 10 sessions of work conditioning which should have increased his strength even more. Indeed, Dr. stated on 10/31/07 that the patient had functional ROM in both wrists and had “a little weakness of grip on the right”. If his FCE on 07/16/07 found him to be at a heavy PDL, his strength after 10 sessions of work conditioning and 3 ½ months of a HEP as of 10/31/07 should have improved. His job requires a heavy PDL.

Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. ([Schonstein-Cochrane, 2003](#)) Work Conditioning should restore the client’s physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual’s measured tolerances. ([CARF, 2006](#)) ([Washington, 2006](#)) See [Physical therapy](#) for the recommended number of visits for Work Conditioning.

ODG Physical/Occupational Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

Fracture of carpal bone (wrist) (ICD9 814):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of metacarpal bone (hand) (ICD9 815):

Medical treatment: 9 visits over 3 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of one or more phalanges of hand (fingers) (ICD9 816):

Minor, 8 visits over 5 weeks

Post-surgical treatment: Complicated, 16 visits over 10 weeks

Fracture of radius/ulna (forearm) (ICD9 813):

Post-surgical treatment: 16 visits over 8 weeks

Dislocation of wrist (ICD9 833):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment (TFCC reconstruction): 16 visits over 10 weeks

Sprains and strains of wrist and hand (ICD9 842):

9 visits over 8 weeks

Pain in joint (ICD9 719.4):

9 visits over 8 weeks

Arthropathy, unspecified (ICD9 716.9):

Post-surgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks

Work conditioning (See also [Procedure Summary](#) entry):

12 visits over 8 weeks

Therefore, based upon the above rationale and the above referenced evidenced based peer reviewed guideline, the request for 4 additional weeks of 5x/week work conditioning is not certified.

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

ODG:

ODG 2008, Forearm, Wrist, Hand Treatment

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 12/31/2007.