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**DATE OF REVIEW:** 6/4/07/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Work hardening 10 sessions

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

M.D. Board Certified in Physical medicine and Rehabilitation

**REVIEW OUTCOME**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Denial letters

Medical records 3/25/05 – 4/29/05, operative report 3/31/05, Dr. DDE 4/21/06, Dr.

Operative report 6/12/06, office consult report 2/28/06, Dr.

H&P 10/4/06, progress notes 11/17/06, 12/1/06 Dr.

Operative report 11/9/06

Operative report 12/20/06

Progress notes 1/19/07 – 2/19/07, Dr.

Operative report 3/14/07

Operative report 6/30/05, Dr.

Handwritten clinical notes 6/7/05 – 1/17/06, Dr.

Consultation report 3/23/07, Dr

Work hardening progress report 2/23/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was lifting a heavy A frame when he felt a sudden tearing sensation in the right inguinal region. He underwent repair of incarcerated right inguinal hernia on xx/xx/xx, and was cleared to return to work on 4/29/05. He continued to report pain, and further surgery was performed. Post operatively the patient's inguinal pain continued, which responded with complete relief to nerve blocks. Further surgery was performed on 6/12/06. Further nerve blocks and radio frequency ablation were performed in late 2006, and on 3/14/07. There is mention in the notes that the patient was concurrently undergoing chiropractic treatment for some neck, shoulder and low back pain. Earlier this year, the patient underwent work hardening or work conditioning. A 2/23/-7 progress report indicates improvement in the patient's dynamic lifting tasks. Two additional weeks of work hardening were requested and denied. The patient underwent psychological evaluation on 2/23/07. The impression was that the patient suffered injury to the inguinal area on the right. No diagnosis was given. Work hardening was recommended.

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

I agree with the denial of 10 sessions of work hardening. The patient has undergone multiple surgical procedures for inguinal hernia and two radio frequency ablation procedures for complications related to the surgery. He has apparently not worked since the date of injury. The patient completed an unspecified amount of a work hardening program, according to a work hardening report of 2/23/07. It is unclear from the documentation provided for this review if this was a work hardening program or a work conditioning program. It appears that a work conditioning program is what was approved. No initial FCE or psychological evaluation was provided documenting the patient's deficits and the medical necessity for a work hardening or work conditioning program. There is a one-page progress FCE that reports the patient's current functional ability at a light-medium demand level. His job reportedly requires a heavy physical demand level. In cases such as this, a return to work with restrictions is the best way to rehabilitate patients. If modified work duty is unacceptable, self-directed home exercise programs are beneficial.

In this case there is no documentation supporting the medical necessity of a psychological treatment. A psychological consultation report was provided. However, there is no documented psychological examination or diagnosis given. Therefore, there is no documentation provided for this review that supports the medical necessity of a two-week work hardening program.

**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**

**AHCPR- 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**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**