

RYCO MedReview

DATE OF REVIEW: 06/06/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 sessions of work hardening

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

Board Certified in Anesthesiology

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

A work hardening assessment psychological evaluation with, M.Ed., L.P.C. dated 04/03/07

A preauthorization request from, D.C. dated 04/16/07

A Functional Capacity Evaluation (FCE) with (no credentials were listed) dated 04/16/07

A letter of non-certification from, D.O. at dated 04/19/07

A letter of non-certification from, M.D. at dated 05/10/07

A letter of authorization request from, M.D. dated 05/22/07

A letter of request for a hearing from at dated 05/23/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 04/03/07, Ms. felt the claimant was a good candidate for a work hardening program. On 04/16/07, Dr. requested 20 sessions of a work hardening program. An FCE with Mr. on 04/16/07 indicated the claimant functioned at the sedentary-light physical demand level. On 04/19/07, Dr. wrote a letter of non-certification for the work hardening

program. On 05/10/07, Dr. also wrote a letter of non-certification for the work hardening program. On 05/22/07, Dr. again recommended a work hardening program.

This claimant was allegedly injured on xx/xx/xx while picking up a trashcan. The trash can slipped, and the claimant tried to catch it, allegedly injuring her right wrist and elbow.

She had an MRI scan performed of the right shoulder on 08/08/06, demonstrating rotator cuff tendinitis with a shallow partial thickness tear of the distal supraspinatus tendon. A right wrist MRI scan was also performed on that date, demonstrating radiocarpal joint effusion.

The claimant subsequently received two injections of the right shoulder by Dr., followed by rotator cuff repair on 11/13/06 by Dr. The actual operative note from Dr., however, was not provided to substantiate whether or not the claimant actually had a torn rotator cuff.

Ms. documented in her evaluation on 04/03/07 that the claimant was taking Darvocet, Skelaxin, and Zoloft. She noted that the claimant had a Beck Depression Inventory score of 9/63, and a Beck Anxiety Inventory score of 7/63, both of which were in the “minimal range.” Ms. then recommended that the claimant should be admitted to the work hardening program in which Ms. worked.

Chiropractor on 04/16/07 noted that the claimant was capable of performing at a sedentary to light physical demand level and that she needed to function at a heavy physical demand level. He stated that the claimant was “depressed,” despite the clear evidence to the contrary in the psychological testing administered by Ms. Chiropractor then recommended that the claimant attend the work hardening program where he was employed.

Analysis of the Functional Capacity Evaluation on 04/16/07 demonstrates that no cardiovascular data was provided to assess whether the claimant actually put forth a valid effort and performed any work.

Two separate physician advisers then reviewed the request for twenty sessions of a work hardening program, both recommending noncertification of the request.

In his appeal letter of 05/22/07, Dr. cites all of the physical functional deficits that necessitated the claimant to attend a return-to-work program but made no mention whatsoever of any psychological distress, diagnosis, or psychological treatment planning.

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

This claimant does not meet accepted criteria for a work hardening program. She demonstrates no objective evidence of clinically significant depression or anxiety that would require the psychologic component of a work hardening program. Similarly, the Functional Capacity Evaluation on 04/16/07 does not present valid medical evidence of the claimant having the degree of functional impairment that is alleged. Absent any cardiovascular data, it is impossible to determine whether this claimant put forth a valid effort, and, therefore, whether the claimant is indeed functioning at the alleged sedentary/light physical demand level. Criteria for entrance into a work hardening program clearly includes need for psychologic treatment as well as valid definable quantification of the injured worker's true functional capacity. In this case, neither of these criteria has been met. Therefore, the requested twenty sessions of a work hardening program is not reasonable or necessary as related to the original injury. Moreover, Dr. himself in his 05/22/07 letter of appeal includes no mention whatsoever of the claimant's medical need for psychologic treatment nor any treatment plans including psychologic treatment. Given the fact that the claimant had minimal levels of depression and anxiety, it is not surprising that Dr. did not mention any need or plan to provide psychologic treatment. Therefore, Dr. letter of appeal also serves to support the nonnecessity of a work hardening program per nationally accepted medical guidelines. Therefore, I do not feel that the 20 sessions of work hardening would be reasonable or necessary.

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 AND KNOWLEDGE BASE
- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES

X 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)**