



Specialty Independent Review Organization

DATE OF REVIEW: 3/22/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include a PT evaluation (97001), Health and Behavioral Assessment (96150), Review of Psychological Records (90885), FCE (97750) and a work hardening program (97545 and 97546) from 9/8/06 through 11/10/06.

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

The reviewer is a Doctor who is Certified with greater than 10 years of experience in the area under review. A Ph D/LPC was consulted for the psychological portion of this review. The second reviewer has greater than 5 years of experience.

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)

The reviewer disagrees with the previous adverse determination regarding 97001, 90885, 96150 and 97750.

The reviewer agrees with the previous adverse determination regarding all remaining services.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the requesting party. Records from the URA consisted of the following documents: daily treatment notes (by an

unknown party) 5/15/06 through 9/5/06, PT initial eval of 9/8/06 by D., MSPT, 9/11/06 Behavioral Health Screening Assessment by, Ph D, 9/29/06 PT note, weekly progress notes from 10/16/06 through 11/10/06, FCE of 10/18/06, LMN of 8/30/06, non-dated treatment from NTPRC and 6/12/06 neurodiagnostic note from, MD.

Records from the requestor include the following (in addition to any previously mentioned records): 3/13/07 letter by JD, script from Dr. dated 10/6/06, LMN of 10/6/06, RME by, MD of 10/5/06 (pages 1,2, 3 and 6 are present), biofeedback notes of 10/18/06 through 11/10/06, case management notes of 10/20/06 through 11/9/06, 10/20/06 through 11/10/06 goal sheet, exercise sheet dated 10/16 through 11/10/06, self hypnosis training sheets from 10/17/06 through 11/9/06, counseling summary notes from 10/11/06 through 11/8/06, case summary 11/1/06, life skills notes from 10/18/06 through 10/31/06, 11/8/06 arthritis note, process group notes from 10/20/06 through 11/10/06, 5/30/06 MRI of wrist and hand (right), 2/2/07 check from SRS, various EOR's from, various DWC 62's, 1/29/07 letter from, MDR checklist, LHL009 forms, DWC 60 and attachments, 3/3/04 CARF acceptance letter and documentation, various HICFA 1500's and request for reconsideration letters of 11/3/06, 11/21/06, 12/5/06 and 12/26/06.

PATIENT CLINICAL HISTORY [SUMMARY]:

The above-mentioned patient was injured while working for the as a seat belt installer. Multiple notes indicate the date of injury is xx/xx/xx; however, the carrier appears to indicate the accepted date of injury is xx/xx/xx. Her treating doctor is, DC. He performed conservative care for this patient with minimal results and referred her to NTPRC for evaluation and treatment. He sent a script for pain management and work hardening. She was evaluated and sent to a work hardening program. The medical necessity of which is under dispute. The records indicate that the patient has been diagnosed with a 723.0 cervical canal stenosis and 728.85 muscle spasm.

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

The entrance criteria for a return to work program as per DWC include the following:

1. Persons who are likely to benefit from the program.
2. Persons whose current levels of functioning due to illness or injury interfere with their ability to carry out specific tasks required in the workplace.
3. Persons whose medical, psychological or other conditions do not prohibit participation in the program.

4. Persons who are capable of attaining specific employment upon completion of the program.

This patient qualifies for criteria 1, 3 and 4. But she does not meet criteria 2, therefore, the patient does not meet the criteria for entrance to a return to work program. Her physical conditions were not of a type that would necessitate a return to work program. The FCE of 10/18/06 indicates that she had a pain scale of 2/10 and relied on a job description, which was obtained from the patient. She was required to lift 5 pounds at work and perform constant fine motor tasks, stooping, forearm supination, forward reaching and standing. She could lift a minimum of 12.5 pounds during lifting. The patient had mental-psychological conditions, which lead to a reduction in her benefit from conservative care. However, these deficits were not enough to make the utilization of a work hardening program necessary at the time of inception.

The reviewer notes that the FCE indicates that she can perform forward reaching and fine motor tasks on an occasional basis. The basis upon which this occasional basis of functioning was arrived at was not available in the FCE report. The reviewer does not see how forward reaching would be affected by a wrist injury. Fine motor tasks could have been affected; however, the deficiency was not adequately explained. Grip strength was not measured since the PT evaluation in September of 2006, which indicated a minimum of 33 pounds of strength bilaterally. The reviewer notes that multiple JAMAR grip positions were not utilized during the evaluation

However, this case is difficult to review because the records document a wrist injury while the diagnosis is of a cervical canal stenosis and muscle spasm on HICFA 1500's and EOB's. There are also two separate dates of injury in the records, which are not properly explained as being a clerical error. Regardless, the PT evaluation, FCE, psychological evaluation and review of records are found to be medically necessary as they are generally accepted in the medical community as being the standard of care. However, the Work Hardening program is found to be not medically necessary due to not meeting the DWC requirements for entrance.

The ODG's indicate basically the same criteria as DWC. The patient does not meet the 'reduced levels of functioning which interfere with the ability to work' criteria. The reviewer indicates that the occupational rehab notes indicate "w/ Tom" on multiple dates and do not appear to be 'individualized' to a person with a wrist injury. The reviewer notes understanding that the carrier approved some dates of work hardening in the middle of the program; however, the reviewer did not feel that the program under review met the requirements of a return to work program as per DWC Guidelines and ODG protocols.

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 JUDGEMENT, 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)