

# **MATUTECH, INC.**

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**DATE OF REVIEW:** MAY 30, 2007

**IRO CASE #:**

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

Work Conditioning program (97545 and 97546)

Date of Service: xx/xx/xx, 12/15/06, 12/18/06, 12/19/06, 12/26/06, 1/2/07, 1/4/07, 1/5/07, 1/8/07, 1/9/07, 1/1/07, 1/16/07, 1/18/07, 1/19/07, 1/23/07, 1/24/07, 1/25/07, 1/29/07 1/30/07

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member. The reviewer has been in active practice for twenty-three years.

**REVIEW OUTCOME**

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

X Partially Overturned      (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Texas Department of Insurance:

Peer review (01/22/06)

DWC-62 (12/11/06 – 01/30/07)

Care:

Office notes (xx/xx/xx – 11/07/06)

Diagnostics (03/29/05 – 05/14/05)

Procedure note (03/22/06)

Occupational therapy, postop notes (04/19/06 – 11/03/06)

Work Conditioning program (12/13/06 – 01/30/07)

Peer review (01/22/06)

M.D.:

DDE (xx/xx/xx)

Office notes (01/18/06 – 09/12/06)

Diagnostics (xx/xx/xx)

Center:

Letters (01/30/07 – 04/11/07)

FCE (12/11/06)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a right-handed driver who reported pain following a heavy steering wheel on the vehicle at work and complained of popping in her left wrist. She also noted pain and discomfort with attempting to lift a heavy object at work.

In xx/xx/xx, magnetic resonance imaging (MRI) of the left wrist was suggestive of a possible contusion or early avascular necrosis of the lunate. Electromyography/nerve conduction velocity (EMG/NCV) studies of the left upper extremity were unremarkable. M.D., a hand surgeon, noted the following: *D.O., diagnosed left wrist strain and provided a wrist wrap and prescribed Naprosyn. Light duty was advised; however, the patient was unable to be placed at light duty and remained off work since the injury. She had been treated with physical therapy (PT). Dr., an orthopedist, noted very minimal sclerotic changes about the lunate on x-rays. He diagnosed an avascular necrosis/Kienbock's disease and recommended casting for a period of six weeks and surgery if needed. Dr., a hand surgeon, assessed ulnocarpal impaction and not avascular necrosis or Kienbock's disease. He recommended an ulnar shortening surgery. Dr. agreed with the proposed surgical intervention by Dr.*

On March 22, 2006, Dr. performed left ulnar osteotomy, shortening of 3.5-4.0 mm. From May 2006 through June 2006, the patient attended 10 sessions of postoperative rehabilitation at Center consisting of ultrasound, fluidotherapy/whirlpool, manual therapy, and therapeutic exercises. Unfortunately, in mid July, the patient injured her left wrist while lifting her 2-year-old child, who kicked her on the forearm. X-rays revealed postoperative fracture at the healed osteotomy site with 10-degree angulation. Dr. placed her in a short-arm cast followed by a long-arm cast. Follow-up x-rays revealed callus formation with a 5-degree apex radial angulation on the AP view. There was evidence of good healing. In August 2006, occupational rehabilitation was resumed, which lasted through November 3, 2006, for 24 sessions with the aforementioned modalities. M.D., a designated doctor, assessed clinical MMI as of October 25, 2006, and assigned 13% whole person impairment (WPI) rating.

On December 11, 2006, a functional capacity evaluation (FCE) was carried out, in which the patient experienced a moderate limitation with left wrist motion as well as wrist and grip strength. She performed at a medium physical demand level (PDL). The evaluator recommended four to six weeks of a work conditioning program (WCP) to improve functional tolerance, general conditioning, and body mechanics training to prepare for returning to work as a package delivery driver.

From December 13, 2006, through January 30, 2007, the patient attended 20 sessions of WCP at Center.

On January 22, 2007, D.C., performed a peer review. He reported that FCE was not provided for his review and the documentation suggested that at least 43 work conditioning visits over six weeks had been completed. He opined that the patient had already had postoperative rehabilitation and had been postsurgical for nine months prior to the initiation of this WCP and the program appeared to be excessive and protracted. He further stated that there was no documentation to indicate whether or not the patient had the same job to return to; otherwise, there would be no goals for the conditioning program.

On March 22, 2007, and April 11, 2007, a letter was issued from the Center with regards to the reconsideration of the denial stating that there was an error in the peer review as Dr. claimed over 40 work conditioning visits, whereas at the time of the peer review, only 14 days of work conditioning were completed.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.** BASED ON EXPERIENCE AND EVIDENCED BASED STUDIES INCLUDING THE DEPARTMENT OF LABOR AND ODG WORK CONDITIONING WAS REASONABLE. HOWEVER, NO MORE THAN TEN SESSION FOUR HOURS PER DAY SHOULD HAVE BEEN PERFORMED AND RE-EVALUATION TO DETERMINE THE BENEFIT. I HAVE NO EVIDENCE THAT BENEFIT WAS ACHIEVED WITHIN THE INITIAL TEN SESSIONS AND ADDITIONAL WAS NOT NECESSARY.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) DEPARTMENT OF LABOR**