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DATE OF REVIEW: 10/11/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Items in Dispute: Work hardening for four weeks at five days per week at eight hours per day.

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

Texas Chiropractor License
Diplomate of the American Association of Quality Assurance & Utilization Review Physicians
Diplomate of the American Academy of Pain Management
Certified by the American Academy of Disability Evaluating Physicians
Fellow of the American Back Society

REVIEW OUTCOME

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

Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Left wrist MRI dated 02/22/05.
2. Cervical MRI dated 02/25/05.
3. Right shoulder MRI dated 03/25/05.
4. EMG study dated 03/31/05 for presumed date of injury.
5. EMG dated 08/30/05.
6. Dr. report dated 11/29/06.
7. Dr. note dated 01/30/07.
8. Chiropractic notes.
9. Disability & depression scales for various dates.
10. D.O. Maximum Medical Improvement determination.
11. Designated Doctor Evaluation by M.D., dated 03/28/07.

12. Functional Capacity Evaluation of 03/29/07.
13. Vocational evaluation of 06/19/07 & 06/20/07.
14. Work hardening request for fifteen chronic pain management of 07/19/07.
15. Functional Capacity Evaluation of 07/25/07.
16. Denial of work hardening dated 07/31/07.
17. Denial of work hardening dated 08/15/07. **Official Disability Guidelines** included.
18. Rebuttal for work hardening dated 09/04/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was a female when she sustained an alleged occupational injury. It was reported that the patient had a significant past medical history of morbid obesity with a height of 5 feet 9 inches and a weight of 240 pounds, along with hypertension and Type II diabetes. The Type II diabetes has advanced to require insulin dependence at this time. The patient initially reported that her injury occurred through repetitive motion on the job. Later, there was mention of lifting a five gallon jug of water which resulted in right shoulder pain and left wrist pain. The patient underwent multiple MRI studies including the cervical spine, right shoulder, and left wrist. An EMG study suggested bilateral carpal tunnel syndrome, and even though the right wrist had no complaints, this was the worst finding of carpal tunnel syndrome.

The patient eventually underwent multiple operative procedures including a left wrist arthroscopy, a right shoulder rotator cuff repair, and a right carpal tunnel release surgery.

The patient did undergo postoperative rehabilitation during each and every one of these surgical procedures. Additionally, the claimant was referred to multiple physicians.

In June, 2007, the patient was enrolled into a chronic pain management program.

Additionally, around the same timeframe, the patient had been sent for a vocational evaluation to determine her abilities to return to work at that time. A Functional Capacity Evaluation (FCE) performed in March, 2007 and again in July, 2007 confirmed stability of the patient's condition with an ability to lift up to approximately 20 to 30 pounds, which placed her in a sedentary to light duty occupation. The patient's vocational evaluation confirmed that there were many jobs available for her ability of sedentary to light physical demand levels.

The patient at this time has been treating with a local chiropractor, who is again now attempting to place her into a work hardening program. A denial for work hardening was sent to the treating chiropractor in July, 2007. A rebuttal letter dated 09/04/07 indicated that the rationale for the denial did not make sense. He felt that the Rehabilitation Services will not see a patient until they are released from care with a functional capacity assessment. However, please remember

that this patient already had two FCEs, one in March, 2007 and one in July, 2007, both of which revealed no changes despite the fact that she had already undergone a tertiary level chronic pain program which did include a significant amount of rehabilitation efforts. Nevertheless, the treating chiropractor went on to indicate that the patient did need work hardening now that she was able to work through her pain complaints.

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

According to these records, the patient has already undergone a significant amount of postoperative physical therapy with absolutely no significant change in objective findings and no benefit. Additionally, the claimant has already undergone a tertiary level chronic pain management program, which did include rehabilitation services. The patient underwent two FCEs, one prior to starting the chronic pain program and one after the chronic pain program had already been completed. In comparison, the two FCEs showed stability of the patient's condition. Some of the functional capacity lifting tasks showed a decrease in strength, while others showed a slight increase. However, these were all within 3 to 5 pounds of each other in comparison despite multiple months of physical therapy including the chronic pain management program. Additionally, the patient's vocational evaluation confirmed that she was only qualified for sedentary to light duty occupations, and her FCEs confirmed that she had the physical ability to meet these forms of work duties.

According to the ***Official Disability Guidelines***, the patient does not meet any entrance criteria for a work hardening program at this time. The previous denial for a work hardening program is upheld.

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

OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES