

RYCO MedReview

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 10/01/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening (97545) and work hardening each additional hour (97546) on 6/27/06, 06/28/06, 06/29/06, 06/30/06, 07/05/06, 07/06/06, 07/07/06, 07/10/06, 07/11/06, 07/12/06, 07/13/06, 07/14/06, 07/18/06, 07/19/06, 07/20/06, 07/21/06, 07/25/06, 07/26/06, 07/27/06, and 07/31/06

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand Surgery

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.

Work hardening (97545) and work hardening each additional hour (97546) on 6/27/06, 06/28/06, 06/29/06, 06/30/06, 07/05/06, 07/06/06, 07/07/06, 07/10/06, 07/11/06, 07/12/06, 07/13/06, 07/14/06, 07/18/06, 07/19/06, 07/20/06, 07/21/06, 07/25/06, 07/26/06, 07/27/06, and 07/31/06 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TWCC-73 forms from, M.D. dated 01/26/05, 02/09/05, 04/04/05, 04/18/05, 05/04/05, 05/11/05, 05/25/05, 06/24/05, 07/26/05, and 08/15/05

Evaluations and EMG/NCV studies interpreted by, M.D. dated 02/03/05 and 08/30/05

A letter of preauthorization from dated 03/08/05

A return to work form from, M.D. dated 03/10/05
A return to work form from an unknown physician (the signature was illegible) dated 03/22/05
A request to change treating physicians form dated 03/23/05
An operative report from Dr. dated 03/24/05
Evaluations with Dr. dated 03/29/05, 04/04/05, 04/18/05, 04/26/05, 05/04/05, 05/11/05, 05/25/05, 06/15/05, 06/20/05, 06/24/05, 06/27/05, 07/26/05, 08/15/05, 08/23/05, 09/19/05, 11/01/05, and 02/06/07
A return to work form from Dr. dated 03/29/05
Letters of medical necessity from Dr. dated 05/12/05 and 06/16/05
A letter written by Dr. dated 07/27/05
A Required Medical Evaluation (RME) with, M.D. dated 07/28/05
A TWCC-73 form filed by Dr. dated 07/28/05
A return to work report from Dr. dated 07/28/05
A patient information sheet dated 09/07/05
A neurosurgical evaluation with, M.D. dated 09/08/05
A PLN-11 form from the insurance carrier dated 09/14/05
Evaluations with, M.S.N. and., M.D. dated 12/02/05, 02/08/06, 03/09/06, and 04/20/06
A Physical Performance Evaluation (PPE) with an unknown provider (no name or signature was available) dated 12/09/05
A Designated Doctor Evaluation with, M.D. dated 12/15/05
Physical therapy with, O.T.R. dated 01/09/06, 01/11/06, 02/27/06, 03/01/06, 03/03/06, 03/06/06, 03/08/06, and 03/10/06
A behavioral medicine evaluation with, M.A.,LPC.-I. and, M.S., L.P.C. dated 02/14/06
A DWC-73 form from Dr. dated 03/09/06
Individual psychotherapy with Ms. dated 03/09/06, 03/16/06, and 03/30/06
A psychophysiological assessment with, L.P.C. dated 03/09/06
A letter from Dr. dated 05/04/06
A letter from, Attorney at Law, dated 05/12/06
Individual psychotherapy with Ms. dated 05/16/06, 07/27/06, 09/29/06, 10/11/06, and 01/08/07
A letter from, Dispute Resolution Officer at TDI, dated 05/22/06
A letter of clarification from Dr. dated 06/01/06
Functional Capacity Evaluations (FCEs) with, P.T. dated 06/22/06 and 08/01/06
Work hardening with, P.T.A. dated 06/27/06, 06/28/06, 06/29/06, 06/30/06, 07/05/06, 07/06/06, 07/07/06, 07/10/06, 07/11/06, 07/12/06, 07/13/06, 07/14/06, 07/17/06, 07/18/06, 07/19/06, 07/20/06, 07/21/06, 07/25/06, 07/26/06, 07/27/06, and 07/31/06
Group therapy with (no credentials were listed) dated 06/29/06, 07/05/06, 07/06/06, 07/11/06, 07/12/06, 07/18/06, 07/19/06, 07/20/06, and 07/25/06
Group psychotherapy with, M.S., L.P.C. dated 06/30/06, 07/07/06, 07/21/06, and 07/27/06
Interdisciplinary program team conferences with Dr., Ph.D., and Mr. dated 07/07/06, 07/14/06, 07/21/06, and 07/28/06

Group psychotherapy with, M.S., L.P.C. dated 07/14/06
A Billing Retrospective Review from, D.C. and, D.O. dated 08/21/06
A treatment summary from Ms. dated 01/08/07
A letter from Dr. dated 01/13/07

PATIENT CLINICAL HISTORY [SUMMARY]:

An EMG/NCV study with Dr. on xx/xx/xx revealed moderately severe right carpal tunnel syndrome. On 03/24/05, Dr. performed a right carpal tunnel and middle finger trigger release. On 05/11/05, Dr. prescribed Neurontin. On 07/26/05, Dr. recommended an adequate release of the right carpal tunnel. An EMG/NCV study interpreted by Dr. on 08/30/05 revealed mild right carpal tunnel syndrome. On 09/08/05, Dr. advised against further surgery. On 09/14/05, a PLN-11 form stated the insurance carrier disputed medical treatment based on an RME. On 12/02/05, Ms. and Dr. recommended Motrin, home massage, physical therapy, Lexapro, and Hydrochlorothiazide. On 12/15/05, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 2% whole person impairment rating. Physical therapy was performed with Mr. from 01/09/06 through 03/10/06 for a total of eight sessions. On 02/08/06, Ms. and Dr. recommended psychotherapy. On 02/14/06, Ms. and Mr. also recommended psychotherapy. Individual psychotherapy was performed with Ms. on 03/09/06, 03/16/06, and 03/30/06. On 05/04/06, Dr. wrote a letter stating the patient was not at MMI. Individual psychotherapy was performed with Ms. from 05/16/06 through 01/08/07 for a total of five sessions. An FCE with Mr. on 06/22/06 revealed the patient functioned in the sedentary physical demand level. Work hardening was performed with Ms. from 06/27/06 through 07/31/06 for a total of 21 sessions. Group psychotherapy was performed with Ms. from 06/30/06 through 07/27/06 for a total of four sessions. Group psychotherapy was also performed with Ms. on 07/14/06. An FCE with Mr. on 08/11/06 indicated the patient functioned at the light physical demand level. On 01/13/07, Dr. wrote a letter of medical necessity for the work hardening program.

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

This patient's diagnosis is carpal tunnel syndrome and she has received treatment for this. The Official Disability Guidelines is very specific that work hardening is not necessary, and in fact, physical therapy by itself is something that is used extremely sparingly on carpal tunnel syndrome. In my opinion, a work hardening program is over and above what is usual and customary in the treatment of carpal tunnel syndrome, and this is echoed in the Official Disability Guidelines and ACOEM Guidelines. Therefore the work hardening (97545) and work hardening each additional hour (97546) on 6/27/06, 06/28/06, 06/29/06, 06/30/06, 07/05/06, 07/06/06, 07/07/06, 07/10/06, 07/11/06, 07/12/06, 07/13/06, 07/14/06, 07/18/06, 07/19/06, 07/20/06, 07/21/06, 07/25/06, 07/26/06, 07/27/06, and 07/31/06 was not 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 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)