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## IRO NOTICE OF DECISION - WC

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 08-31-07

**IRO CASE #:** 9157

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

Work Hardening Program 5xWk x 2Wks (10 sessions)

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

Diplomate, American Chiropractic Academy of Neurology  
Diplomate, American Academy of Pain Management  
Eligible, American Board of Chiropractic Orthopedics  
Certified, Traffic Accident Reconstructionist  
Certified, Manipulation Under Anesthesia  
Qualified Medical Evaluator

### **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)

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/Overturn
		Prospective	842.0 354.0		10	Upheld

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**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Notice of Review Decision dated 07-24-07 & 08-15-07  
Review of Records dated 07-11-07  
Mental Health Evaluation & Preauthorization Request dated 07-03-07  
Functional Capacity Evaluation (FCE) dated 07-02-07  
FCE request dated 06-18-07

**PATIENT CLINICAL HISTORY:**

This claimant was injured when the drill (welder) he was using suddenly got stuck and abruptly twisted his right wrist and hand into hyper-supination. The claimant had carpal tunnel release and ganglionectomy surgery on 03-16-07, followed by post-operative therapy. The FCE on 06-22-07 noted that the claimant is functioning at light physical demand level and required medium physical demand level of function. The treating practitioner's request for work hardening program was denied.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The Reviewer noted that ODG/TWC guidelines do not recommend any evidence-based work hardening programs except to address the deconditioning associated with lumbar injuries. Specifically, work hardening is not included in the ODG/TWC for hand injuries, as it is not an accepted treatment for hand/wrist injuries such as the claimant's. As such, the Reviewer concurred with the comment in the review summary of 08-15-07 that "the FCE noted no generalized deconditioning and no overall systemic neuromuscular deficit." This means that work hardening is not medically necessary. In reviewing both the FCE of 07-02-07 and review summary of 08-15-07, the Reviewer also noted that the claimant was tested to be able to lift 40-80 pounds, for instance, which seems to be a full restoration of his pre-injury functional capacity for his job, as noted on the first page of FCE report: "He [claimant] reported that he has to be able to frequently lift up to 50 pounds from the floor." The Reviewer believed that the FCE of 07-02-07 had demonstrated the claimant's ability to return to work on this basis alone.

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The Reviewer also did not note that the treating practitioner has any experience in performing the requested wrist work hardening program or that the practitioner intends to contract with any occupational hand therapists to provide a specific work hardening program, based upon the practitioner's 07-11-07 recommendations. A true work hardening program for the wrist would be expected to have specific curricula and performance benchmarking, which is not evident from the practitioner's request. The Reviewer would therefore recommend upholding the prior non-certifications, and also recommend denial of the requested 10 sessions of work conditioning at 6 hours per day and at 5 days per week as being not reasonable or necessary on an industrial basis.

Still further, the ACOEM Guidelines (pp. 43-45, 77, 90-92, 113-115, 264-266, 271, 272, 278) and the Official Disability Guidelines 10th edition (pp. 481, 1409 et seq.) state and reference that if any individual's restoration is insignificant in relation to the extent and duration of the physical medicine services required to achieve such potential and restoration, then the services are not considered reasonable or necessary. Further, the records do not show any objective functional improvement or show progression toward a self-directed care program (ODG-TWC pp. 982, 991, 994). Evidence of objective functional improvement is essential to establishing reasonableness and necessity of care and progression toward a self-directed care program and maximizing activity tolerance (ACOEM pg. 92) are best practices and reduce somatization and physician dependence (ACOEM pg. 49; Mercy 119-122; InterQual 120).

Lumetra's Physician Reviewer has no known conflicts of interest in this case, pursuant to the Insurance Code Article 21.58A (Chapter 4201 effective April 1, 2007), Labor Code § 413.032, and § 12.203 of this title.

### **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**

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- 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)