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Notice of Independent Review Decision

**DATE OF REVIEW: 9/19/07****IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Work hardening (5wk4) or 20 sessions, CPT 97545, 97546.

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

This case was reviewed by a board certified physical medicine and rehabilitation specialist on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

**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)

<i>Primary Dx Code</i>	<i>HCPCS/ NDC</i>	<i>Units</i>	<i>Begin/End Date</i>	<i>Type Review</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
881.00	97545	10		Prospective				Upheld
	97546			Prospective				Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for Independent Review by an Independent Review Organization forms – 9/10/07.
2. Determination Notices – 8/3/07, 8/14/07.
3. Records and Correspondence 7/12/07
4. Records and Correspondence– 7/27/07

5. Records and Correspondence from, PA – 7/13/07.
6. Records and Correspondence – 7/18/07.

### **PATIENT CLINICAL HISTORY:**

This case concerns an adult male who sustained a work related injury. Records indicate the member sustained a laceration injury to the volar forearm from glass. Diagnoses have included status post left flexor tendon repair. Evaluation and treatment for this injury has included surgery and occupational therapy.

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

The case concerns a male who sustained a work related laceration of his left forearm on. At issue is the request for authorization and coverage of work hardening 5 times a week for 4 weeks totaling 20 sessions. A physician advisor had previously contacted the treating physician's office and obtained medical consent to approve work hardening 5 times a week for 2 weeks totaling 10 sessions. A subsequent request was submitted for reconsideration of 20 sessions of Work hardening. The subsequent request was denied on 8/14/07 due to lack of supporting medical documentation showing 20 sessions of Work hardening as appropriate.

The review of the available medical documentation indicates that the patient underwent surgical repair of the left flexor tendon on 05/11/07. Outpatient occupational therapy was initiated approximately two weeks after surgery and lasted for 24 sessions. The patient was examined by his treating physician on 7/13/07. Recommendations at that time were for a work conditioning program. The patient was to follow-up with his treating physician in 6 weeks. An occupational therapy progress summary dated 7/18/07 documents that upon completion of acute therapy the patient lacked full range of motion in the left hand and that he was not yet independent with a home exercise program. A functional capacity evaluation was performed on 7/27/07 with subsequent recommendations for Work hardening.

ODG does not address work hardening for upper extremities. Presley Read 5<sup>th</sup> Edition, Page 1845 states "Prior to discharge from therapy, the individual should be instructed in a home program to continue independently. It may be necessary for the individual to continue some form of exercise to maintain function of the hand".

It was the intent of the patient's treating physician to order a work conditioning (hardening) program. The Carrier made an effort to approve and initiate 10 sessions of work hardening during the month of August 2007. Over two months have passed since the patients last documented physician examination and occupational therapy assessment. The current physical and functional condition of the patient is unknown to this reviewer.

The review had determined that adequate supporting documentation showing 20 sessions of work hardening is appropriate was not submitted with the request for

reconsideration. The requested services (Work hardening (5wk4) or 20 sessions, CPT 97545, 97546) cannot be considered as medically 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)