



Medical Review Institute of America, Inc.
America's External Review Network

AMMENDED REVIEW 11/19/07

ORIGINAL REVIEW COMPLETED ON 9/17/07

DATE OF REVIEW: September 17, 2007

IRO Case #:

Description of the services in dispute:

Work Hardening Program, #97545, and #97546, from 8/21/06–9/15/06.

A description of the qualifications for each physician or other health care provider who reviewed the decision

This reviewer received a Doctor of Chiropractic (DC) in 1976 and began private practice that same year. This reviewer has been performing utilization and peer reviews since 1984. In addition to multiple state licensures, this reviewer is a Licensed Insurance Consultant. This reviewer is a Diplomate of the American Board of Quality Assurance and Utilization Review Physicians (DABQAURP), Certified in Health Care Quality and Management (CHCQM). This reviewer is also a Senior Disability Analyst and Diplomate of the American Board of Disability Analysts ((D)ABDA). This reviewer has certificates of successful completion of the following courses and examinations: Utilization Review and Quality Assurance, Impairment Rating, Industrial Disability Examiner, Disability Impairment Rating, Independent Medical Examination, and Disability Evaluation. This reviewer is a National Strength and Conditioning Association Certified Strength and Conditioning Specialist, re-certified with distinction (CSCS*D). This reviewer is also a National Strength and Conditioning Association Certified Personal Trainer, re-certified with distinction (NSCA-CPT*D). This reviewer is also a Certified Hypnotherapist (CHt). This reviewer's private practice, five full days per week, has included the evaluation and treatment of musculoskeletal conditions, pre-employment physical and x-ray examinations, pre-employment drug screen urine collection and submission to lab, courtesy scoliosis screens for the local schools, impairment rating, independent medical examinations, and utilization and peer review. This reviewer has been a guest speaker at the Insurance Consultant program at a major chiropractic college.

Review Outcome

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

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Upheld

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.

Medical necessity does not exist for the work hardening program, #97545, and #97546, from 8/21/06–9/15/06.

Information provided to the IRO for review

Records Received From The State:

Fax cover sheet 8/28/07, 2 pages

Notice to Medical Review Institute of America, Inc, of case assignment, 8/28/07, 1 page

General information sheet, undated, 1 page

Confirmation of receipt of a request for a review by an independent review organization, 8/7/07, 1 page

Company request for IRO, 8/7/07, 4 pages

Request for a review by an independent review organization, 8/6/07, 3 pages

Billing information, 8/21/06–9/15/06, 4 pages

Retrospective peer review, 8/14/07, 4 pages

Billing information, 8/21/06–9/15/06, 2 pages

Records Received From The Provider:

Letter from DC, 8/30/07, 2 pages

Billing information, 8/21/06, 1 page

Patient note, 8/1/06, 2 pages

Work hardening activity sheet, 8/21/06, 1 page

Billing information, 8/22/06, 1 page

Patient note, 8/22/06, 2 pages

Work hardening activity sheet, 8/22/06, 1 page

Billing information, 8/23/07, 1 page

Patient note, 8/23/07, 2 pages

Work hardening activity sheet, 8/23/06, 1 page

Billing information, 8/24/06, 1 page

Patient note, 8/24/06, 2 pages

Work hardening activity sheet, 8/24/06, 1 page

Time card, 8/21/06–8/25/06, 1 page

Billing information, 8/29/07, 1 page

Patient note, 8/29/06, 2 pages

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Work hardening activity sheet, 8/29/06, 1 page
Billing information, 8/30/06, 1 page
Patient note, 8/30/06, 2 pages
Work hardening activity sheet, 8/30/06, 1 page
Billing information, 8/31/06, 1 page
Patient note, 8/31/06, 2 pages
Work hardening activity sheet, 8/31/06, 1 page
Billing information, 9/1/06, 1 page
Patient note, 9/1/06, 2 pages
Work hardening activity sheet, 9/1/06, 1 page
Time card, 8/28/06–9/1/06, 1 page
Billing information, 9/5/06, 1 page
Patient note, 8/30/07, 1 page
Work hardening activity sheet, 9/5/06, 1 page
Billing information, 9/6/06, 1 page
Patient note, 9/5/06, 1 page
Patient note, 9/6/06, 2 pages
Work hardening activity sheet, 9/6/06, 1 page
Billing information, 9/7/06, 1 page
Patient note, 9/7/06, 2 pages
Work hardening activity sheet, 9/7/06, 1 page
Billing information, 9/8/06, 1 page
Patient note, 9/8/06, 2 pages
Work hardening activity sheet, 9/8/06, 1 page
Time card, 9/5/06–9/8/06, 1 page
Billing information, 9/12/06, 1 page
Patient note, 9/12/06, 2 pages
Work hardening activity sheet, 9/12/06, 1 page
Billing information, 9/13/06, 1 page
Patient note, 9/13/06, 2 pages
Work hardening activity sheet, 9/13/06, 1 page
Billing information, 9/15/06, 1 page
Patient note, 9/15/06, 2 pages
Work hardening activity sheet, 9/15/06, 1 page
Time card, 9/11/06–9/15/06, 1 page

Records Received From The Carrier:

Follow up report, 7/24/06, 1 page

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Consultation report, 8/10/06, 2 pages
Functional capacity evaluation, 8/15/06, 6 pages
History and physical, 9/11/06, 4 pages
Notification of suspension of indemnity benefit payment, 10/18/06, 1 page

The ODG Guidelines were not provided for review

Patient clinical history [summary]

Per review of the records, experienced a work-related injury. The glove on Mr. right hand became caught in a roller mechanism and pulled his hand into a machine. This accident resulted in a fracture of the right second metacarpal, scapholunate ligament injury, and compression of the median nerve in the carpal tunnel. At the time of injury, Mr. worked in maintenance. Mr. described his job saying he will load chickens into a machine that will then clean the chicken. He will then inspect the cleanliness of the chicken. He also made sure the machine that cleans the chickens met the company's specifications of clean.

Mr. was initially treated by Dr. Dr. performed an ORIF (open reduction with internal fixation) of the index finger metacarpal fracture, a release of the right carpal tunnel, and pinning of the scapholunate joint. Mr. changed treating providers to DC, who referred him to a Dr., another surgeon, on 4/19/06. On 5/30/06, Dr. surgically removed 2 screws from Mr. index finger metacarpal. Dr. also removed 2 buried K-wires from Mr. right wrist, and he performed an extensor tenolysis of the right index finger as well as manipulation of the wrist under anesthesia. Post-operatively, Mr. continued care with Dr. and Dr.. Electrodiagnostic studies on 4/10/06 indicated prolonged right ulnar latency at the wrist. Electrodiagnostic studies on 7/01/06 indicated cervical radiculopathy, otherwise normal findings. Dr. examined Mr. on 7/24/06 and determined Mr. could return to work. Mr. was referred by Dr. to MD, for consultation and electrodiagnostic evaluation on 8/10/06. The electrodiagnostic studies were essentially normal. This was reportedly the third time electrodiagnostic studies were performed.

A Functional Capacity Evaluation was performed on 8/15/06, with a report signed by DC and. Mr. was able to lift 50 pounds from floor to knuckle, 25 pounds from knuckle to shoulder, and he was able to do 15 pounds of overhead lifting. Per the Modified Oswestry Questionnaire, Mr. reported the following:

"The pain comes and goes and is moderate.

I would not have to change my way of washing or dressing in order to avoid pain.

I can lift heavy weights but it causes extra pain.

I have no pain walking.

I can sit in a chair as long as I like.

I can stand as long as I want without pain.
I get pain in bed, but it does not prevent me from sleeping well.
My social life is normal and gives me no pain.
I get some pain while traveling, but none of my usual forms of traveling make it any worse.
My pain is rapidly getting better.”

Following the Functional Capacity Evaluation, recommendations were for Mr. to transition into a work hardening program along with concurrent individual psychotherapy sessions. Mr. participated in 15 sessions of work hardening with DC, from 8/21/06 through 9/15/06.

On 9/11/06 Mr. was examined by MD. Dr. indicated that Mr.’s treatment had been successful. Dr. reported, “I cannot explain his subjective complaints today based on objective findings. I can find no specific objective reason for his significant subjective pain complaints.” Dr. reported, “He has no sign of carpal tunnel syndrome after his surgery. Additionally, the electrodiagnostic testing has been normal. His x-rays do not show any structural abnormalities.” “His wrist motion is excellent considering his injury and the fact that it appears as though pins were left in the wrist for over four months.” Dr. anticipated that Mr.’s motion and strength would continue to improve over time with a home exercise program. Dr. noted Mr. had been attending therapy five days per week at that time, and it was unlikely he would benefit from that amount of supervised treatment at that long interval since injury.

On 9/12/06, Mr. underwent examination by MD. Dr. reported there was no medical necessity for a work hardening program. Dr. reported, “The best ‘rehabilitation’ would have been for the claimant to return to work as recommended by Dr. on 7/24/06.” Dr. reported Mr. had undergone a Required Medical Evaluation, which indicated only a home exercise program. Mr. had reportedly made good improvement in his range of motion when examined by Dr. on 7/24/06, and any residual goals could have been addressed with a home exercise program. Dr. noted that, based upon the Functional Capacity Evaluation, Mr. was clearly capable of returning to work in some capacity, since he was able to lift 50 pounds from floor to knuckle, 25 pounds from knuckle to shoulder, and he was able to do 15 pounds of overhead lifting. Dr. reported, “There is no medical necessity for any work hardening or work conditioning program. Also, the records do not support the need for any ongoing treatment such as follow-up office visits, physical therapy, chiropractic care, work hardening, work conditioning, diagnostic studies, injections, durable medical equipment, or surgery.”

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The submitted documentation does not support medical necessity for the work hardening program,

which Mr. participated in during the dates in question of 8/21/06 through 9/15/06. The records provided for this review do not indicate that Mr. could not have returned to work in some capacity prior to or without a work hardening program.

Based upon the Functional Capacity Evaluation of 8/15/06, Mr. was capable of returning to work in some capacity, since he was able to lift 50 pounds from floor to knuckle, 25 pounds from knuckle to shoulder and he was able to do 15 pounds of overhead lifting. Per the Modified Oswestry Questionnaire, Mr. reported the following:

“The pain comes and goes and is moderate.

I would not have to change my way of washing or dressing in order to avoid pain.

I can lift heavy weights but it causes extra pain.

I have no pain walking.

I can sit in a chair as long as I like.

I can stand as long as I want without pain.

I get pain in bed, but it does not prevent me from sleeping well.

My social life is normal and gives me no pain.

I get some pain while traveling, but none of my usual forms of traveling make it any worse.

My pain is rapidly getting better.”

The records submitted for this review do not provide evidence that Mr. was not capable of performing his usual work duties prior to or without the work hardening program from 8/21/06 through 9/15/06.

The submitted records do not provide evidence the work hardening program participated in by Mr. met ODG criteria in order to support medical necessity for such a program. The ODG notes that “Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual’s measured tolerances.” The submitted records do not indicate the work hardening program in which Mr. participated was work simulation or job specific, nor was there evidence the work hardening program in which Mr. participated used real or simulated work tasks; therefore, the ODG’s criteria for support of a Work Hardening Program have not been met. Additionally, the ODG’s criteria for admission to a Work Hardening Program include:

“A defined return to work goal agreed to by the employer and employee:

- a. A documented specific job to return to, or
- b. Documented on-the-job training.”

The submitted records do not provide evidence of a defined return to work goal agreed to by the employer and employee, a documented specific job to return to, or documented on-the-job training; therefore, the ODG's criteria for admission to a Work Hardening Program have not been met.

A description and the source of the screening criteria or other clinical basis used to make the decision:

“Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances.”

“Criteria for admission to a Work Hardening Program:

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Official Disability Guidelines, 2007, Philip L. Denniston, Editor-in-Chief, Work Loss Data Institute; Low Back – Lumbar & Thoracic (Acute & Chronic), Procedure Summary – Low Back, Work Hardening.