



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 4/16/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute are a work hardening program of 20 sessions.

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

The reviewer is a medical doctor who is board certified in physical medicine and rehabilitation and has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding all services under dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
the patient and MD.

These records consist of the following (duplicate records are only listed from one source): Records from the carrier consisted of: 12/21/07 DD report, various EOB's, NCV report of unknown date but date stamped 11/13/07, 10/8/07 report by DO, 9/14/07 report by MD, notes from Dr. 6/18/07 to 8/28/07, various TWCC 73's, ER and radiology notes from ER 6/13/07 to 6/15/07, 6/13/07 radiology report, 8/14/07 rad report of radiographs and MRI and 6/18/07 letter.

Records from the TD include: 1/31/08 outpatient rehab history form, 1/31/08 evaluation forms and treatment summary by PT, 9/24/07 FCE, 1/10/08 RTW form and 7/6/07 to 1/14/08 reports by Dr.

Records from the patient include: all records provided by the patient were included in other records filed by the other parties.

We did not receive a copy of the ODG guidelines from the carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured when he fell six to seven feet and sustained injuries to his right upper extremity. Work-up verified non-displaced radial head fracture and right capitate/carpal fracture. He was immobilized and referred to Dr.. His job requires lifting up to 75 pounds constantly (heavy duty PDL). FCE of 9/24/07 placed him in a medium PDL.

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

The reviewer indicates that the patient's condition was properly managed in a non-operative manner; however, there is no documentation as per the ODG to support a work hardening program for a non-displaced radial head fracture. It indicates this injury should be treated with 6 visits of PT. Therefore, the request for work hardening is denied.

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)