

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening/Conditioning 20 sessions

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

M.D., Board Certified Internal Medicine
Member American College of Occupational and Environmental Medicine
12 years practicing Occupational Medicine

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)

Upon independent review the reviewer finds that the requested Work Hardening/Conditioning 20 sessions is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 3/28/08, 4/2/08
ODG Guidelines and Treatment Guidelines
Pre-Authorization Request 3/25/08
Work Hardening Referral 3/19/08
Functional Capacity Exam 3/10/08

Structural Evaluation 3/10/08
Medical and Vocational History 3/10/08
Chart Notes 2/26/08
External Review Notes 3/27/08, 4/2/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured while at work as a xxx on xx/xx/xx when he fell and caught himself, spraining his left, non-dominant wrist. X-rays were normal and showed no fracture. MRI was normal but showed tendonitis. He has been treated with a course of physical therapy. Physician examination in xx/xx found normal range of motion and normal neurological findings.

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

The reviewer has reviewed the applicable ODG Guidelines and Treatment Guidelines concerning work hardening/conditioning programs in the treatment of wrist sprains. Upon reviewing the provided medical records, the reviewer finds that ODG 2008 Guidelines do not support the use of work hardening/conditioning program for this patient.

The claimant does not meet the criteria of a work hardening program due to lack of a guaranteed job for the patient to go to after the program as there is no light duty available. In addition, the number of sessions requested by the providing doctor exceeds the initial recommended length for work hardening in the guidelines, especially since efficacy of previous physical therapy has not been established.

Therefore, it is beyond a degree of medical probability that the claimant would derive substantial benefit from the proposed treatment.

The reviewer finds that 20 sessions of work hardening/conditioning program is not medically necessary and upholds the previous adverse determinations.

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)**