

SENT VIA EMAIL OR FAX ON
Dec/29/2008

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/27/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning 5 X wk X 2 wks for right wrist

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 11/4/08 and 11/13/08
Letter from Office 12/16/08
Records from 7/30/08 thru 11/6/08; Summary of Finding No Date; Daily Notes
FCE 9/24/08

PATIENT CLINICAL HISTORY SUMMARY

This xx year old man reportedly was injured on when he fractured his left thumb mp joint with a hammer while placing a stake. I have no records from this time frame. He was employed as a . The records from the therapist state he had several operations. They describe his most recent operation on 6/16/06 when he underwent a trapezium carpectomy and a suspension arthroplasty of the thumb carpometacarpal joint using the tendon of the abductor pollicis longus. The described reduced strength with improved motion. He still has pain in his left wrist with motion. The strength at the time of his FCE on 9/24/08 demonstrated his left grasp as 41.67 pounds compared to a normal left handed test group of 123.8 pounds. His right sided tested at 112.33 pounds with a data base normal group of 116.8 pounds. He

apparently completed 17 of 20 work conditioning sessions when the request for an additional 10 was submitted. He had a repeat grasp strength test on 11/3/08 of 65 pounds on the right and 114 pounds on the left. His pain was unchanged.

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

This man had major hand operations after an injury more than 2 years ago. He remains symptomatic, but has gained function with the work conditioning. The ODG combines work hardening and work conditioning in the same section, but at the same time separates them in the discussion. One issue is that the work hardening program is to be done within 2 years of the injury. This man had surgery about that time, and the time frame was extended. The work hardening program is to be completed in 4 weeks, which is 20 sessions which he had in October. He made measurable gains during that time frame. The question is whether there is a valid reason for an extension beyond the clear black and white criteria established in the ODG. , the occupational therapist said that the ODG Therapy guidelines permit more visits to improve strength. This was not in the section cited below (work conditioning), but it is discussed in the Physical/Occupational Therapy section highlighted below. It was used in context for the more traditional therapy without work conditioning/hardening and related to the specific injuries. It is further designed for "fading" to lesser frequency for therapies, but recognized more time was sometimes necessary. This man had the more comprehensive and intense treatments. Again, while he improved, the Reviewer could not find evidence to justify the additional work conditioning sessions from the record and this review material.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)