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Notice of Independent Review Decision

DATE OF REVIEW:
07/07/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Twenty sessions of work hardening program (five times per week for four weeks).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Doctor of Osteopathy, Board Certified in Anesthesiology and Specializing in Pain Management.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **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.
Twenty sessions of work hardening program (five times per week for four weeks) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 06/27/08 MCMC Referral
- 06/27/08 letter from M.D., Pain & Recovery Clinic
- 06/27/08 Notice Of Assignment Of Independent Review Organization
- 06/27/08 Notice To MCMC, LLC Of Case Assignment
- 06/27/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 06/26/08 Request For A Review By An Independent Review Organization
- 06/09/08 letter from LVN
- 06/04/08 Request For Reconsideration, D.C., Pain & Recovery Clinic
- 05/30/08 letter from LVN
- 05/23/08 Pre-Authorization Request, D.C., Pain & Recovery Clinic
- 05/23/08 Functional Capacity Assessment, D.C., Functional Testing
- 05/19/08 Work Hardening Assessment Psychosocial History, M.Ed.
- 06/30/08 letter
- 06/30/08 Treatment History – Previous Physical Therapy/Pain Management report
- 05/27/08 Request For Preauthorization And Concurrent Review Per TWCC Adopted Rule, Pain & Recovery Clinic

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- 05/02/08 Fax Cover sheet with Comments from Pain & Recovery Clinic
- 06/04/07 Operative Report, M.D., Hospital
- 12/06/06 letter from D.O.
- Undated list of providers with demographic information
- Undated ODG Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist & Hand
- Undated Report of Medical Evaluation

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured individual had a wrist injury after a ladder broke and he fell on his hands in xx/xx. He had an Independent Medical Exam (IME) in 12/06 that noted numerous positive Waddell signs and gave him an impairment of 5% or less. Despite this, he had arthroscopic surgery on his wrist in 06/07. Pre surgery he had twenty one physical therapy (PT) sessions. Postoperatively he had twelve more. At some time he also had injections, psychotherapy and then twenty sessions of a chronic pain program. The pain program was completed in 05/08. He had a Functional Capacity Exam (FCE) after this that showed he was functioning at light/medium but needed to be at heavy capacity for his job as a maintenance man. There was no FCE pre pain program. The same treating provider is now requesting twenty work hardening sessions as his evaluation for that on 05/18/08 noted high pain scores of 6/10, moderate residual levels of depression and anxiety as well as poor physical function. There is nothing pre pain program to compare these values to indicate any improvement. The Attending Provider (AP) writes that the injured individual has his job to return to but there is no letter from the employer to confirm or deny this.

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

This injured individual had a wrist injury after a ladder broke and he fell on his hands in xx/xx. He had an IME in 12/06 that noted numerous positive Waddell signs and gave him an impairment of 5% or less. He had twenty one PT sessions that failed to help. He then had arthroscopic surgery on his wrist in 06/07. Postoperatively he had twelve more PT sessions. He also had injections, psychotherapy and then twenty sessions of a chronic pain program. The pain program was completed in 05/08. His recent FCE showed he is functioning at light/medium but needed to be at heavy capacity for his job as a maintenance man. He also had psychiatric testing after the pain program that indicated residual moderate levels of depression and anxiety despite being on Paxil and having had individual treatment and a full pain program. This injured individual has not benefitted from any treatment thus far. There is a lack of pre pain program testing (FCE, pain scores, psychiatric testing) to document any improvement after the chronic pain program. Typically, work hardening is done before a pain program as a pain program is an end line treatment option when all else has failed. There is no letter from his employer indicating he has a job to return to validate the AP's claim of such. For all these reasons, the work hardening is denied as the injured individual has failed to benefit from over two years of treatment thus far or to improve his physical/psychological function to levels needed for his prior job.

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

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ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES