

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 8, 2008

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed 10 sessions of work hardening (97545 WH, 97546 WH)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Occupational Medicine: American Board of Preventative Medicine, and is engaged in the practice of medicine.

### **REVIEW OUTCOME**

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

Upheld (Agree)

Overturned

(Disagr

ee)

Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
842.0	97545/ 97546	WH	Prosp	10					Upheld

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx-year old lady who had worked at xxxx for about 6-8 months (record varies) as a . On xx/xx/xx, she was checking out articles. She reached for a box of crackers and inadvertently hit her right wrist, with some force, against a metal part of the cash register. She immediately felt pain, tingling and numbness in the right hand. She did not report her injury to her supervisor until xx/xx/xx. She has undergone physical therapy, physiotherapy, individual psychotherapy sessions (helped her problems sleeping, but pain level remained unchanged), medications, splints, and HEP.

-The medical records reveal some confusion re: the patient's work requirements: she states she must frequently lift items weighing greater than 20 pounds; her job description indicates she lifts items up to 20 pounds by herself, and greater than 20 pounds with assistance.

-A clinical note dated October 12, 2007, indicated she had done well in therapy, and was almost ready to return to full duty, since she had only minimal discomfort in her wrist with good ROM. A follow up note, dated November 9, 2007, indicated she felt her wrist was not normal, but much better than it was previously. Exam revealed only mild diffuse tenderness over the dorsum of the wrist, with good ROM.

-Clinical notes dated 2008 uniformly indicate right hand and wrist weakness, numbness, tingling, dysesthesias, pain (a constant 5:10, with exacerbations), decrease in ROM (although a physiatrist note from February 14, 2008, indicated full ROM, but decreased strength in right wrist/hand), with a plateauing of her improvement.

-A Designated Doctor examination was performed on December 5, 2007. the patient complained of difficulty lifting and gripping objects. Examination revealed no swelling or tenderness, but there was evidence of thenar or hypothenar atrophy; full ROM. She was found to have 0% WP impairment.

-The patient's diagnoses include/have included: internal derangement of the right wrist; adjustment disorder, with anxiety, related to work injury (xx/xx/xx); right wrist sprain/strain; right wrist tenosynovitis; right carpal tunnel syndrome; and traumatic neuropathic pain in the right wrist and hand.

-A right wrist arthrogram with an MRI was performed on August 24, 2007: the triangular fibrocartilage was intact, but there was a possible intercarpal suspensory ligament tear with delayed pooling of contrast between the navicular and greater multiangular bones.

-An EMG/NCV study, dated April 3, 2008, suggested a median nerve neuropathy, consistent with entrapment and/or trauma.

-A FCE, dated April 28, 2008, indicated her job requirements are that she lift items at a medium to heavy capacity (50-70 pounds) (Physical Demand Level), but that she may lift items only in the medium level of Physical Demands Level (as per DOL guidelines). Of interest, her right hand grip strength as well as her right lifting strength was significantly decreased. The conclusion was that she would benefit from a 6- week Comprehensive Work Hardening Program.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The question here is not whether the patient needs a comprehensive work hardening program to help her learn to work with her pain rather has she received the proper

therapy/evaluation/treatment. She complains of numbness, tingling, pain, and weakness in her right hand/wrist that has been resistant to therapy: at first, the various modalities were somewhat helpful, but now she has plateaued and is not improving. Some important information in the medical records has been overlooked: her arthrogram/MRI revealed a possible tear of the intercarpal suspensory ligament; she has a median neuropathy (EMG/NCV), compatible with her symptoms, signs, and examination; and the Designated Doctor evaluation demonstrated hypotrophy of the thenar or hypothenar areas (all of which indicates his 0% impairment rating may not be accurate). What is very important here is the consistency of the patient's complaints, as well as the presence some definite physical findings. Her right hand

weakness/pain/dysesthesias may progress unless the primary diagnosis, as well as the treatment program, are re-evaluated. I do agree with the comments re: the pertinent ODG Guidelines for a comprehensive work hardening program made by the previous reviewers, and I have nothing to add. I will not repeat/enumerate the guidelines here again as they have already been repeatedly and adequately cited and because I do not feel this patient is a candidate for work hardening.

Ref: *Official Disability Guidelines, (ODG), 2008, 6<sup>th</sup> ed.*

*ACOEM Occupational Medicine Guidelines, 2<sup>nd</sup> ed., Chapters 1, 11:* (These Guides have not been previously addressed, so I will summarize them here). These guidelines also indicate referral to specialty care is indicated if symptoms persist beyond 4-6 weeks; possible nonphysical factors (psychosocial, workplace, or socio-economic problems) need to be addressed in cases of delayed recovery; thenar atrophy has a 91% specificity for carpal tunnel syndrome; one may try local lidocaine injection with or w/o steroids; and referral for hand surgery is indicated in patients who fail to respond to conservative management; surgical consideration depends on a confirmed surgical lesion. Work hardening is described as a training in body mechanics and conditioning, especially so when deconditioning is implicated in recurrences as well as initial complaints.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES