

# Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW:** MARCH 7, 2008

**IRO CASE #:**

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

Medical necessity of work conditioning, five times a week for three weeks for right wrist.

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

MD, Board Certified Orthopedic Surgeon

## **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**

Peer review, Dr., 1/25/08

Peer review, Dr., 2/11/08

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Forearm, Wrist and Hand: Work Conditioning/work hardening.

ODG Physical Therapy Guidelines – Work Conditioning

Letter of Medical Necessity, Dr., 1/28/08

Office notes, Dr., 11/15/07, 12/13/07, 12/27/07, 01/10/08

Physical therapy referral, 11/15/07

Office notes, Dr., 11/19/07, 01/16/08, 02/04/08

Plan treatment, 11/19/07

Physical therapy notes, 11/29/07, 12/4/07, 12/7/07, 12/11/07, 12/18/07, 12/20/07

Physical therapy re-evaluation, 12/28/07

FCE, 01/07/08

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

This xx year old right hand dominant female is employed as a xx. A formal job description is not provided. Job information provided in the physician notes and FCE report indicates that her job entails constant picking up of electrical cutters and using knife for cutting purposes and that on a frequent basis she operates machines and tools such as scissors, knife and machine gun in order to cut plastic components for xxxx.

The date of injury was xx/xx/xx with the onset of right wrist pain worse with any grasping. She treated with Dr., pain management and underwent approximately six visits of therapy. She also received injections and NSAIDS. She was evaluated on 11/15/07 by orthopedic surgeon Dr.. She had tenderness of the first dorsal compartment, positive Finkelstein and tenderness along the forearm musculature. X-rays of the right wrist demonstrated a small fleck of bone to the distal aspect of the ulna. She was diagnosed with DE Quervain's tenosynovitis. Six additional visits of therapy were ordered and a thumb spica splint. The claimant was placed on light duty with no repetitive grasping with the right hand. However, records indicated that light duty was not available and she remained off work.

The claimant completed six additional visits of therapy between 11/29/07 and 12/20/07 for a total of twelve visits. The claimant followed up with Dr. in December and reported some improvement with injections and therapy. Exam findings remained unchanged. An FCE was done on 01/07/08 FCE indicating that she demonstrated an inability to return to her job as a xx. Her physical demand was sedentary light for occasional lift and sedentary for repetitive lift. Additional occupational therapy was recommended with progression to a work hardening program.

On 1/10/08 Dr. recommended a three week work conditioning program. Work conditioning was denied on a peer review dated 01/25/08. A letter dated 01/28/08 from Dr. indicated that Dr. did not recommend surgical intervention and that the claimant did not have enough strength to return to the repetitive type activity that she did on an assembly line. At the 02/04/08 visit with Dr. the claimant had a positive Finkelstein on the right. Ulnar deviation was 5 degrees. There was tenderness of the radial aspect of the wrist. Strength was 3+/5 in grip. Tinel's and Phalen's were negative and the claimant had no atrophy. He felt that with work conditioning, the claimant would be able to return to full duty. Work conditioning was again denied on a peer review of 02/11/08.

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

The diagnosis appears to be that of De Quervain's tenosynovitis. The date of the injury was listed as xx/xx/xx. She is employed as a xx. There was not a formal job description provided. It was noted in the records reviewed that she was required to operate machines, cut plastic and use knives and scissors. De Quervain's tenosynovitis is inflammation of the first extensor compartment, and treatment typically consists of anti-inflammatory agents, immobilization, injections and possibly therapy. The patient has completed twelve occupational therapy visits.

The reviewer was asked to determine the medically necessity of work conditioning, five times a week for three weeks for right wrist. The reviewer could see absolutely no indication for work conditioning with a diagnosis of De Quervain's tenosynovitis.

The patient's significant improvement following her occupational therapy was not documented. She has been treated for quite some time and has ongoing complaints of pain which appear to be rather excessive for De Quervain's.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Forearm, Wrist and Hand: Work Conditioning/work hardening.

Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. (Schonstein-Cochrane, 2003) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. (CARF, 2006) (Washington, 2006)

Criteria for admission to a Work Hardening Program:

1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
2. A defined return to work goal agreed to by the employer & employee:
  - a. A documented specific job to return to, OR
  - b. Documented on-the-job training
3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

ODG Physical Therapy Guidelines – Work Conditioning

12 visits over 8 weeks

**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)