

## **I-Resolutions Inc.**

*An Independent Review Organization*

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### **Notice of Independent Review Decision**

**DATE OF REVIEW: MARCH 13, 2008**

**IRO CASE #:**

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

Work hardening, five times a week for two weeks

**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**

Adverse Determination Letters, 01/14/08, 02/15/08

Official Disability Guidelines Treatment in Worker's Comp 2008, Forearm, Wrist and Hand FCE, 10/30/07, 01/02/08

Physical therapy notes, 11/19/07, 11/21/07, 11/26/07, 11/28/07, 12/03/07, 12/05/07, 12/07/07, 12/10/07, 12/12/07, 12/14/07, 12/17/07

Office note, Dr. 01/08/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a xx year old injured on xx/xx/xx when a forklift dropped on his hand. Records immediately following the incident were not provided. There were no operative reports but the remaining records showed that the claimant had completion of the amputation following injury, another surgery and a ray amputation in 05/07/07. He worked as a diesel mechanic that was classified as heavy. The claimant has not been able to return to full duty work. A functional capacity evaluation on 10/30/07 identified that the claimant was capable of light to medium work. He then attended therapy with ongoing complaints of pain and weakness. The therapist recommended a work hardening program and on 01/08/08 Dr. agreed noting that he would then send him back to work full duty. He had difficulty flexing and extending at the wrist. On a 01/02/08 functional capacity evaluation it was determined that the claimant was capable of medium duty. On examination there was moderate hyperesthesia over the amputaiton site but no limb pain. Grip on the right was 66 pounds and on the left 155 pounds. There was moderate edema and erythema with middle digit MP motion 85 degrees and PIP/IP 65 degrees. All others were normal. The therapist noted that goals were a return to work at a heavy physical demand level. The claimant stated he was eligible to return to work but there was no lighter duty. This was to be combined with psychological evaluation. Work hardening, five times a week for two weeks has been requested and denied twice.

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

I was asked to review this case and determine the medical necessity of work hardening.

This is a xx-year-old gentleman who was injured on xx/xx/xx and underwent an amputation following the injury. The claimant then had a subsequent procedure of a ray amputation on 05/07/07. The claimant's employment as a diesel mechanic is a heavy level of physical demand. After a course of physical therapy following a functional capacity evaluation the claimant continued to have difficulty flexing and extending his wrist. A second functional capacity evaluation determined that the claimant was functioning at a medium level of physical demand. Apparently the claimant underwent amputation of his right long finger. While a functional capacity evaluation dated 01/02/08 said that he was capable of working at medium duty, the claimant's current physical findings, functional limitations and surgical intervention were not well documented. The claimant does not meet the criteria for admission to a work hardening program as per the ODG. The reviewer finds that there is not medical necessity for work hardening, five times a week for two weeks.

Official Disability Guidelines Treatment in Worker's Comp 2008, Forearm, Wrist and Hand

#### **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

See also [Physical therapy](#) for general PT guidelines

**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)