

Notice of Independent Review Decision

DATE OF REVIEW: 9/9/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening x 4 weeks (4-8 hours per day).

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended San Diego State University before graduating from the Palmer's College of Chiropractic West in 1989. He has been in private practice in San Diego County for over 14 years. He also works as a team chiropractor for a local high school. He has also worked as a peer reviewer doing Worker's Compensation and Personal Injury Prospective, Retrospective, Forensic, and Chart Reviews since 10/2000. His post graduate studies include various seminars on cervical spine "whiplash" syndrome, arthritis, neurology, radiology, sports medicine, and worker's compensation.

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)

Work Hardening x 4 weeks (4-8 hours per day). Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Review organization by , dated 8/21/2008
2. Clinical note by , dated 6/17/2005 to 7/8/2008 multiple dates
3. Mental health evaluation dated 5/11/2005
4. Clinical note by , dated 6/10/2008
5. Clinical note by , dated 7/26/2005 to 10/4/2005 multiple dates
6. Electrodiagnostic study by , dated 7/19/2005
7. Needle electromyography upper extremities dated unknown,
8. Narrative summary by MD, dated 6/17/2005
9. Clinical note by MD, dated 8/9/2007
10. MRI of the right wrist without enhancement by MD, dated 3/6/2007
11. Radiology report by MD, dated 6/23/2005
12. Functional capacity evaluation summary dated 1/16/2008
13. Review organization dated 8/21/2008
14. Independent review organization dated 8/20/2008
15. Clinical note by , dated 7/11/2008
16. Clinical note by , dated 7/30/2008
17. Case assignment by , dated 8/21/2008
18. Review organization by , dated 8/21/2008
19. Review organization dated 8/21/2008
20. Independent review organization dated 8/20/2008
21. Clinical note by dated 7/11/2008
22. Clinical note dated 7/8/2008
23. Clinical note dated 7/8/2008
24. Mental health evaluation dated 6/10/2008
25. Clinical note by , dated 6/10/2008
26. Clinical note by , dated 7/30/2008
27. Clinical note dated 7/28/2008
28. Clinical note dated 7/28/2008

- 29. Clinical note by , dated 7/8/2008
- 30. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a xx year old female who suffered a work injury xx/xx. The notes indicate she has been diagnosed with bilateral carpal tunnel syndrome, left lateral epicondylitis, and neck pain. The injured employee is status post removal of a second dorsal ganglion cyst, and 12 session of post-op physical therapy.

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

The purpose of this review is to determine the medical necessity for the previously denied work hardening. The initial denial was based largely on the absence of current objective, functional data and the absence of any "higher level of evaluation, i.e., psychiatric diagnostic interview." The most recent functional capacity evaluation was performed in 1/2008. The request for work hardening was nearly 6 months after this FCE. The claimant underwent a mental-health evaluation on 6/10/2008. This noted that the claimant continued to have panic attacks twice a day. It was also noted that her depression had escalated. The determination was that the claimant was a good candidate for work hardening. An appeal was submitted and a peer review performed on 7/30/2008. This resulted in a denial based on the notion that the claimant should have returned to work following the functional capacity evaluation performed in January 2008. Dr. submitted a request for an IRO. However, there was no documentation submitted for review to rebut the peer review report. The initial peer review indicated that there was no psychosocial factors and recent FCE. This was clearly rebutted by the 6/10/2008 mental-health evaluation. The 2nd peer review indicated that the claimant should have returned to work following the 1/2008 functional capacity evaluation. This 2nd peer review indicated that the functional capacity evaluation did not indicate what the claimant's work related physical demand level was for her employment. Moreover, there was no indication as to whether or not light-duty work was available. The peer reviewer had a case discussion with Dr. at which time this information should have been obtained.

However, the medical necessity for a work hardening program cannot be established based on the documentation submitted for this IRO. As noted in the initial peer review, the functional capacity evaluation was 6 months old at the time of this request. A more recent functional capacity evaluation should be performed to determine the claimant's current clinical status prior to beginning any return to work program. Moreover, the determination as to whether or not light-duty work is available, and what the claimant's job required physical demand level is, would be appropriate.

Addendum:

Additional treatment notes were received from Dr. . The previous denial, as noted above, was based on the absence of documentation to rebut the previous peer review. What becomes clear following a review of the additional documentation is that the provider submitted a request for work hardening shortly after the 1/2008 functional capacity evaluation. This was denied by peer review because there was no recent behavioral health assessment. This assessment was finally authorized and performed in 6/2008. It does not appear that the claimant's condition has improved over the past 6 months. A review of the subsequent treatment notes reveals that the claimant's condition had deteriorated. This suggests that the claimant continues to have functional deficits that would be amenable to a work hardening program. The 1/2008 functional capacity evaluation revealed that the claimant was not able to function at her job required PDL. A behavioral health assessment revealed that the claimant had functional deficits that would be amenable to a work hardening program. The ODG guidelines would support an initial trial of 10 sessions of work hardening; however, the provider has requested 20 sessions of work hardening. This request exceeds the recommendations of the ODG and is thus considered not medically necessary. Therefore, the previous denial is upheld.

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
- AHCP- 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)