



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: April 20, 2009

IRO Case #:

**Description of the services in dispute:**

Medical Necessity #97545– Work Hardening x 8 sessions (4–5 hrs per day).

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

The chiropractor providing this review received his degree in chiropractic in 2000. The reviewer is a member of the American College of Sports Medicine, the Meckenzie Institute, the Occupational Injury Prevention and Rehabilitation Society, the International Association of Rehabilitation Professionals and the National Safety Council. The reviewer is pursuing additional qualifications as a diplomate in rehabilitation. They are also pursuing Occupational Health and Safety Technologist certification in preparation for their Certified Safety Boards. The reviewer also works as a review doctor for their state workers compensation commission in the medical dispute resolution process.

**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.

The requested trial of work hardening (#97545) for an 8–session trial is not medically necessary.

**Information provided to the IRO for review:**

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125–0547  
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The following documents were presented and reviewed:

Received from the State:

- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO), 4/6/09 – 1 page
- Company Request for IRO – 4 pages
- Request for a Review by an Independent Review Organization, 3/26/09 – 3 pages
- Pre-Authorization Report & Notification, 3/10/09 – 2 pages
- Pre-Authorization Report & Notification, 3/18/09 – 3 pages
- Preauthorization Request Form – 1 page
- Finger Range of Motion in degrees – 1 page
- 5 Position Grip notes – 1 page
- PDL documentation, 2/26/09, 2/27/09 – 15 pages
- Preauthorization Request Form, Appeal – 1 page
- Letter, LCSW-BCD, 2/23/09 – 1 page
- Office note, , DC, 3/25/09 – 1 page

Received from the Provider:

- Imaging Invoice, 4/8/09 – 1 [age
- Patient Registration Form – 1 page
- Patient Service Agreement, 1/22/09 – 1 page
- Patient Service Agreement, 12/29/08 – 1 page
- Patient Service Agreement, 12/9/08 – 1 page
- Patient Service Agreement, 11/18/08 – 1 page
- Imaging Assignment of Benefits – 2 pages
- Pain Management Center, Clients Rights & Advance Directives, 10/21/08 – 1 page
- Patient Rights, 10/27/08 – 1 page
- Conditions for Services at Diagnostic Imaging – Pain Center – 1 page
- Nurse's Notes, 12/4/08 – 1/15/09 – 1 page
- Imaging Consent form, 10/27/08 – 1 page
- Notice of Secured Physician's Lien – 1 page
- Medical Records Release Authorization, 10/21/08 – 1 page
- Bone Scan report, 8/25/08 – 1 page
- Upper EMG and Nerve Conduction Study, 9/2/08 – 2 pages
- Chiropractic office notes – 7/7/08, 8/4/08, 8/18/08, 11/24/08 – 6 pages
- Pain Management Follow Up Visit notes, 1/29/09, 1/6/09, 12/18/08, 11/24/08 – 7 pages
- Pain Management Consultation, 10/21/08 – 2 pages
- Consultation notes, 10/21/08 – 1 page
- Pain Management Procedure notes, 1/22/09, 12/29/08, 12/9/08, 11/18/08 – 8 pages
- Preauthorization Report & Notification, 12/4/08 – 3 pages

- Patient Demographics – 1 page
- Pain Management Center Disclosure and Consent forms, 1/22/09, 12/29/08, 12/9/08, 11/14/08 – 8 pages
- Post-Op Discharge Instructions, 1/22/09 – 1 page
- Post Anesthesia Care Unit Record – 1 page
- Pain Management Center procedure records, 1/22/09 – 11 pages
- Pain Management Center procedure records, 12/29/08 – 12 pages
- Pain Management Center procedure records, 12/9/08 – 10 pages
- Pain Management Center procedure records, 11/18/08 – 13 pages
- History of Present Complaints – 1 page
- Personal History, 10/21/08 – 1 page
- Patient Information – 1 page

**Patient clinical history [summary]:**

The patient was involved in a work related event on xx-xx-xx. Bone scan records of the hands/wrists performed on 08/25/08 revealed nonspecific findings and could be seen with hyperemia following trauma or as signs of early reflex sympathetic dystrophy. Neurodiagnostic testing performed on 09/02/08 revealed mild/moderate slowing of both ulnar nerves across the elbows. Treatment records presented on 11/24/08 revealed AROM reductions over the lumbar spine and a request for pain management application over the low back. The patient presented to the offices of the pain management provider on 01/29/09, evaluation revealed that the further pain management application was not warranted and referral to therapy provider was appropriate. Records presented by the provider on 02/11/09 reveal that the patient had 4 stellate ganglion blocks. Behavioral evaluation performed on 02/23/09 revealed that the patient's depression has dissipated and a request was made for a trial of work hardening. FCE Records from 02/26/09 revealed AROM reductions over the 2nd/3rd digits.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:**

There is no functional baseline that has been presented by the provider that would warrant this upper level management of the claimant's condition. The provider has failed to establish clear clinical rationale in a quantitative/qualitative capacity to warrant the applications of upper level Return To Work applications that include work hardening. The requested trial of work hardening applications over an 8-session trial is not medically necessary.

**A description and the source of the screening criteria or other clinical basis used to make the**

**decision:**

ODG Treatment Integrated Treatment/Disability Duration Guidelines Low Back – Lumbar & Thoracic  
(Acute & Chronic)

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