



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 04/08/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Family Practice physician, board certified by the American Board of Family Practice, practicing Family Medicine for 25 years in private practice, which has given me the opportunity to deal with situations, diagnoses, and treatment modalities such as are present in this case, making me qualified to render an opinion regarding the medical necessity of work hardening and associated issues in this case.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient suffered the onset of his symptoms in xx-xx-xx from repetitive motions at work and developed bilateral carpal tunnel syndrome with subsequent surgery on both

wrists. He continues to be symptomatic, although less so but not at optimum level of benefit yet.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The likelihood that work hardening will improve this patient's function and return to work is extremely high. I base this on the following reasons:

1. His previous evaluation in the Pain and Recovery Clinic as well as the psychological evaluation reveal that the claimant continues to demonstrate a functional performance deficit, and he has not reached the heavy physical demand level required to perform the duties of a
2. He has a functional performance deficit rated by an objective oriented evaluation of Functional Capacity Evaluation on 02/04/09.
3. Psychotherapist assessed the patient and determined he was a proper candidate for highly structured work hardening program.
4. The claimant's past medical history indicates he is very compliant with prior treatment.
5. The patient has made improvements during his previous treatment, allowing the interdisciplinary staff to progress the patient into a work hardening program.
6. Psychologically the patient is depressed and too focused on his pain. He would, therefore, benefit from the psychological component of this program.
7. The patient has a position to return to, however, he cannot return to work as his occupation requirements exceed his current physical capabilities, according to his previous Functional Capacity Evaluation.
8. The patient has met TWCC Medical Guidelines entrance criteria for work hardening.
9. Work hardening is considered a proper treatment per TWCC upper extremity treatment guidelines for this patient's injury.
10. The patient has demonstrated good compliance and improvement with his treatment, and his condition has not plateaued, according to several assessments.
11. Prior to the patient's injury, he was conditioned to perform his job effectively. However, since the onset of injury he has become deconditioned.
12. The patient has met the criteria for work hardening per the ODG Guidelines.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)