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DATE OF REVIEW: 02/06/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Work conditioning program x 10 days/sessions

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

Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Documentation from Dr. dated 10/29/07, 11/05/07, 11/26/07, 12/10/07, 12/17/07, 01/07/08, 01/08/08, 01/09/08, 01/15/08, 01/23/08, 02/11/08
2. Documentation from Occupational Therapy dated 10/28/07, 10/29/07, 10/31/07, 11/02/07, 11/07/07, 11/12/07, 11/14/07, 11/15/07, 11/26/07, 11/29/07, 11/30/07, 12/03/07, 12/05/07, 12/10/07, 01/11/08, 01/17/08, 01/18/08, 01/21/08, 01/25/08, 01/28/08, 01/31/08, 02/01/08, 12/14/08
3. Documentation from Dr. dated 03/10/08, 04/05/08, 05/05/08, 05/19/08, 06/11/08, 06/16/08, 07/28/08, 09/29/08, 10/21/08, 11/17/08, 12/15/08
4. Documentation from Treatment Center, physical therapy, dated 03/25/08, 04/16/08, 04/18/08, 04/21/08, 04/23/08, 04/30/08, 05/02/08, 05/07/08, 05/12/08, 07/28/08, 07/30/08, 07/31/08, 08/05/08, 08/06/08, 08/07/08, 08/11/08, 08/13/08, 08/14/08, 08/18/08, 08/22/08, 08/27/08, 08/28/08, 09/02/08, 09/04/04, 09/08/08, 09/09/08, 09/15/08, 09/16/08, 09/18/08, 09/22/08, 09/23/08, 09/25/08, 10/02/08, 10/07/08, 10/15/08, 10/21/08
5. Electrodiagnostic assessment report dated 03/27/08
6. Documentation from Dr. dated 04/02/08, 06/05/08, 10/09/08
7. Functional Capacity Evaluation report dated 04/02/08, 10/20/08, 11/04/08
8. medicine consultation dated 04/14/08
9. Individual psychotherapy notes dated 05/02/08, 05/09/08, 05/16/08, 05/23/08

10. Documentation from Dr. dated 05/23/08
11. Documentation from Dr. dated 06/30/08, 07/25/08, 08/08/08, 08/21/08, 08/26/08, 10/29/08, 01/09/09
12. Left hand x-ray report dated 06/30/08
13. Left hand MRI report dated 07/15/08
14. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The available records document that the employee sustained an injury in the workplace on xx/xx/xx when he fell with a subsequent laceration at the base of the palmar aspect of the left hand along the fifth digit. Please note that there were several different dates of injury within the medical records.

The employee was evaluated by Dr. on 10/29/07, at which time it was recommended that the employee receive access to treatment in the form of supervised rehabilitation services.

The employee received at least twenty-four sessions of supervised therapy services from 10/28/07 to 02/01/08 at Occupational Therapy.

Dr. reevaluated the employee on 11/05/07, 11/26/07, and 12/10/07. On 12/10/07, the employee received an injection of Betamethasone and Xylocaine over the volar aspect of the first digit on the affected hand.

Dr. reevaluated the employee on 12/17/07, at which time it was documented that the employee would require a resection of the A1 pulley and a tenolysis procedure of the flexor mechanism at the base of the fifth finger.

On 01/08/08, the employee underwent surgical intervention by Dr.. Surgery consisted of a tenolysis and decompression of the flexor hood of the A1 pulley.

Dr. evaluated the employee on 02/11/08, at which time it was indicated that "he will be allowed to return back to his usual duty status at this point".

The employee was evaluated by Dr. on 03/10/08. It was recommended that the employee receive access to treatment in the form of physical therapy. It was recommended that an orthopedic consultation be accomplished. Additionally, it was recommended that an electrodiagnostic assessment of the left upper extremity be accomplished.

The records document that in total the employee received at least thirty-nine sessions of supervised therapy services at Treatment Center from 03/25/08 to 10/21/08.

An electrodiagnostic assessment was accomplished on 03/27/08. This study was obtained on each upper extremity. This study was found to be unremarkable. Specifically, there were no findings worrisome for an active radiculopathy, peripheral neuropathy, and/or a peripheral nerve entrapment syndrome.

A Designated Doctor Evaluation was conducted by Dr. on 04/02/08. The employee was placed at a level of Maximum Medical Improvement (MMI) and was awarded a total body impairment of 2%. On this date, a Functional Capacity Evaluation (FCE) was accomplished. This evaluation disclosed that the employee was capable of participating in work at a heavy strength category.

Dr. reevaluated the employee on 04/05/08, at which time, it was felt that the employee was not capable of participating in gainful employment.

A medicine consultation was conducted on 04/14/08. It was recommended that the employee receive access to treatment in the form of individual counseling.

The records document that the employee received four individual psychological counseling sessions from 05/02/08 to 05/23/08.

Dr. evaluated the employee on 05/05/08, at which time it was recommended that the employee not participate in gainful employment.

The employee was reevaluated by Dr. on 05/19/08, at which time it was recommended that the employee be placed on "light duty with multiple work restrictions".

A Designated Doctor Evaluation was conducted by Dr. on 05/23/08. The employee was placed at a level of MMI and awarded a whole body impairment of 5%.

Dr. dictated a letter dated 06/05/08, at which time he indicated that in his opinion the opinions set forth in the Designated Doctor Evaluation which he conducted on 04/02/08 were unchanged.

Dr. evaluated the employee on 06/11/08, at which time it was recommended that the employee continue treatment in the form of physical therapy.

On 06/16/08, the employee was evaluated by Dr., and it was indicated that the employee was "still pending second opinion orthopedic consultation.

The employee was evaluated by Dr. on 06/30/08. This physician recommended that the employee receive treatment in the form of a left hand intra-articular injection to the left little finger metacarpal phalangeal joint.

X-rays of the left hand accomplished on 06/30/08 revealed findings consistent with "minimal hypertrophy at the PIP joint".

A left hand MRI was obtained on 07/15/08. This study revealed no obvious abnormalities to be present with the exception of some minimal degenerative changes in the head of the third metacarpal.

Dr. reevaluated the employee on 07/25/08. On that date, the employee received an injection of Dexamethasone and Lidocaine to the left hand fifth MCP joint.

Dr. evaluated the employee on 07/28/08, and it was documented that the employee was going to receive surgical intervention to the left hand.

On 08/26/08, Dr. performed surgery to the left hand. Surgery consisted of a left index finger repair of the flexor digitorum profundus, a repair of the flexor digitorum superficialis tendon, and a neurolysis of the radial digital nerve of the left index finger. Additionally, the employee underwent a capsulodesis of the PIP joint of the left index finger and a capsulodesis of the metocarpal phalangeal joint of the left index finger. There were no postoperative complications noted.

Dr. evaluated the employee on 09/29/08, at which time it was recommended that the employee not attempt to partake in work activities.

Dr. dictated a note on 10/09/08, and it was recommended that the employee be reexamined due to the fact that the employee underwent surgical intervention to the left hand since the last time Dr. evaluated the employee.

An FCE was conducted on 10/20/08 and was requested by Dr.. This study disclosed that the employee was capable of work activities in the "very heavy strength category".

Dr. assessed the employee on 10/21/08. It as recommended that the employee be on a "no work" status.

Dr. evaluated the employee on 10/29/08. Dr. noted that "it will then be up to the treating doctor's discretion for the patient to enter the workforce at eight light duty or full duty capacity".

An FCE was conducted on 11/04/08. This study disclosed that the employee was capable of heavy work activities.

Dr. evaluated the employee on 11/17/08. It was recommended that the employee participate in a multidisciplinary return to work program.

Dr. evaluated the employee on 12/15/08. It was recommended that the employee continue his no work status until he has been released by the surgeons.

On 01/09/09, Dr. reevaluated the employee. Dr. indicated "physical therapy, other medication, and work status per Dr.

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

The medical necessity for treatment in the form of a work conditioning program would not appear to be established. The available records do document that the employee underwent surgical intervention to the left hand on two separate occasions, as documented above. Surgery was accomplished on 08/26/08 and 01/08/08.

The available records document that the employee has previously received an extensive amount if supervised therapy services. In fact, the amount of supervised rehabilitation services previously provided to the employee would actually exceed what is typically recommended by ***Official Disability Guidelines***.

An FCE was accomplished on 04/02/08, 10/20/08, and 11/04/08. On these dates, the FCE indicated that the employee was capable of a return to preinjury work activities. Hence, based upon the records available for review, **Official Disability Guidelines** would not support a medical necessity for treatment in the form of a work conditioning program when the records indicate that the employee was capable of preinjury work activities. Additionally, for the described medical situation, one would not typically anticipate there to be a medical necessity for an extensive program such as a work conditioning program.

In conclusion, after careful review of the extensive medical records that were available for review, the above noted reference would not support a medical necessity for a work conditioning program with respect to the work injury sustained on xx/xx/xx.

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

1. ***Official Disability Guidelines***