Notice of Independent Review Decision

DATE OF REVIEW: 01/02/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
A work hardening program 5 X weekly X 2 weeks

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., board certified by the American Board of Physical Medicine and Rehabilitation, American Academy of Physical Medicine and Rehabilitation, North American Spine Society

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

_____Upheld (Agree)

__X __Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	***Service Being Denied***	***Billing Modifier***	***Type of Review***	***Units***	***Date(s) of Service***	***Amount Billed***	***Date of Injury***	***DWC Claim #***	***Upheld Overturn***
841.9	***97545***		***Prosp.***		***11/26/08***				***Overturn***
841.9	***97545***		***Prosp.***		***10/29/08***				***Overturn***

INFORMATION PROVIDED FOR REVIEW:
1. TDI case assignment
2. Authorization request, 10/24/08 and 11/18/08
3. Letters of denial, 10/29/08 and 11/26/08, including criteria used in denial
4. Job description
5. History and physical, 07/02/08
6. Initial behavioral medical consultation, 07/28/08
7. Work hardening history and physical exam and treatment plan, 10/06/08
8. Orthopedic exam, 07/16/08 and 08/13/08
9. Nerve conduction velocities and electromyography, 07/17/08
10. Functional Capacity Evaluation, 10/22/08
11. MRI scan, 07/31/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
The claimant is a xx-year-old female who sustained a work-related injury to her right shoulder, right elbow, and right hand on xx/xx/xx while performing her work duties. The patient sought medical treatment from the company doctor who prescribed an Ace bandage, and she underwent x-rays. The patient did not totally improve, and she underwent nerve conduction velocity studies and electromyography on 07/17/08, which by report showed bilateral median sensory neuropathies due to prolongation of the median sensory distal latencies.

The patient saw an orthopedist, who evaluated her on 07/16/08. Injection was attempted, and MRI scan was ordered. She also received physical therapy during this interval. She received an injection into the right lateral epicondyle region along with her physical therapy. In addition, she underwent individual psychotherapy. This injured employee underwent MRI scan imaging of the right upper extremity. Per the report provided, she was diagnosed with right elbow pain and swelling and mild lateral epicondylitis/olecranon contusion. She was unable to perform her work duties and thus was referred for a work hardening program.

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

Based on the Official Disability Guidelines and Treatment Guidelines, this patient has received a reasonable amount of rehabilitation for her work-related injury. Furthermore, considering that she will unlikely return to work the longer she is away from her job, a work hardening program is clearly indicated. She has undergone enough evaluations and treatments to safely enter such a work hardening program.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X __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
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)