


**INDEPENDENT REVIEW INCORPORATED**

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**DATE OF REVIEW:** 07/05/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work hardening five times a week times four weeks.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, currently and actively practicing Pain Management for over 22 years

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
802.5	97546		Prosp.	20					Upheld
802.5	97545		Prosp.	20					Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. Treatment history from xx-xx-xx through xx-xx-xx
2. Letters of denial from previous physician reviewers dated 05/13/09 and 06/09/09 including criteria used in the denial
3. Consultation of Dr. dated 03/16/09
4. Functional Capacity Evaluation dated 04/22/09
5. Work hardening assessment and psychosocial history dated 05/05/09
6. Designated Doctor Evaluation dated 06/02/09
7. ODG Treatment Guidelines

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant was injured on xx-xx-xx when he bent over a machine to turn it off. The machine continued, and he fell, causing the claimant to fall on the left side of his face. He developed multiple fracture of the face, ultimately undergoing open reduction internal fixation of multiple facial fractures. At the time of evaluation on 03/16/09, it was noted his specific complaint of “face pain only with no other specific complaints.” The claimant was pending further surgery on 03/19/09. Functional Capacity Evaluation was performed on 04/22/09 in which the claimant was found to be performing at a medium physical demand level. No cardiovascular or hemodynamic data was provided for the various physical tests that the claimant completed.

On 05/05/09 the claimant was evaluated for determination of admission into a work hardening program which employed her. It was noted that the claimant had apparently had physical therapy and medication

but that his current medication was chlorhexidine rinse only. She noted the claimant had completed only formal schooling through the second grade. On the Pain Questionnaire, the claimant use “mild pain descriptors.” Beck Depression Inventory and Beck Anxiety Inventory scores indicated mild and minimal, respectively, evidence of depression and anxiety. The claimant had “no psychologic issues” but recommended that he undergo twenty sessions of the chronic pain management program where she worked.

A Designated Doctor Evaluation on 06/02/09 noted the claimant’s prior history and documented specific radiologic imaging studies demonstrating evidence of multiple facial fractures with internal reduction and fixation of those fractures noted on a 10/02/08 CT scan. The claimant complained of jaw pain as well as numbness in the cheeks and jaw, pins and needles in the left cheek, and tingling in the left cheek and nose. His pain level was documented as 2/10. The claimant was not at MMI, stating he needed to complete the work hardening program that had been recommended to “increase strength, flexibility, and improve his deconditioning.”

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

There is no specific documentation as to the number or type of physical therapy sessions and treatments that this claimant completed following open reduction internal fixation of multiple facial fractures. There is also no medical evidence whatsoever of this claimant having psychologic distress or manifestations of psychologic illness. Furthermore, the psychologic evaluation clearly demonstrates that the claimant has no significant depression or anxiety and only a minimal pain level of 2/10. Finally, the Functional Capacity Evaluation does not include any cardiovascular or hemodynamic data which would otherwise demonstrate that the claimant put forth a valid effort during the functional capacity testing. Absent heart rate and blood pressure measures, it is impossible for an accurate determination to be made regarding whether or not this claimant put forth valid effort, making the alleged results of the Functional Capacity Evaluation inconclusive and invalid regarding his true functional ability.

Finally, ODG Treatment Guidelines regarding physical therapy and return to work are described in relation of traumatic brain injury of either mild or moderate/severe nature, not regarding facial fractures. There is no medical evidence to support that this claimant suffered a traumatic brain injury nor did he suffer a skull fracture per se that would otherwise put him in the category discussed in ODG Treatment Guidelines. Since this claimant has no significant evidence of psychologic distress, manifestation of psychological illness, or objective evidence of significant depression or anxiety, this claimant clearly does not need any psychologic treatment such as would be included in a work hardening program.

Moreover, absent valid evidence of sufficient effort put forth during the Functional Capacity Assessment and the claimant’s ability to function at a medium physical demand level, this claimant clearly does not need either work hardening or work conditioning and, in all medical probability, could return to work with minimal restrictions since the compensable body part, his face, is not physically involved to any extent in the performance of his job. In other words, there is no medical reason or necessity why this claimant could not return to work at a medium physical demand level, given the compensable injury limitation to his face only and no evidence of significant functional deficit or psychologic distress necessitating treatment. Therefore, the recommendations of both previous physician advisers for nonauthorization of twenty sessions of a work hardening program are upheld, and this request, in my opinion, remains medically unreasonable and unnecessary.

**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.
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- 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.)
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