



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 6-29-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 5 x week for 2 weeks

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

American Boards of Physical Medicine and Rehabilitation and Pain Management

REVIEW OUTCOME

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

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

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 1-29-09 Functional Capacity Evaluation.
- 3-24-09 PhD., office visit.
- 4-4-0-9 MD., performed a Designated Doctor Evaluation.
- 5-6-09 MD., performed a Utilization Review.
- 5-11-09 MD., office visit.
- 5-19-09, DC., performed an Appeal Utilization Review.
- 5-27-09 MD., office visit.
- 6-2-09 MD., office visit.
- 6-2-09 MD., office visit.

PATIENT CLINICAL HISTORY [SUMMARY]:

Functional Capacity Evaluation dated 1-29-09 notes the claimant is able to function at a Medium-Heavy PDL. His job requires a Medium-Heavy PDL.

On 3-24-09, PhD., notes the claimant is a male who has a xxmonth history of pain. He has been rehabilitated with medication and physical therapy with marginal results. The claimant has psychosocial stressors including anxiety, high pain levels, inability to go back to work, and inability to enjoy the things he used to. In addition, he has sleep disturbance and general de-conditioning since his accident. Based on his above scores and pain levels, it was his opinion that the claimant would benefit from a trial of 10 sessions of treatment in a work hardening program. Such programs have been found to aid in the reduction of symptoms of depression and anxiety, reduction in pain levels, reduction in medication usage, and increase in leisure and work activities.

On 4-4-0-9, MD., performed a Designated Doctor Evaluation. He certified the claimant had reached MMI on this date and awarded the claimant 10% whole person impairment based on DRE Category II for the cervical spine = 5% and DRE Category II for the lumbar spine = 5%, for a total of 10% whole person.

On 5-6-09, MD., performed a Utilization Review. It was his opinion that the clinician has not demonstrated the claimant meets current guidelines. Criteria for work hardening including evidence physical therapy were not adequate and the claimant would be able to function in the environment. Determination: The request is not certified.

Follow-up with , MD., dated 5-11-09 toes the claimant complaints of multiple areas, the low back, cervical spine and right elbow. The claimant has decreased range of motion, positive Tinel's at the right ulnar groove. The claimant was continued with ortho and with right Elbrand.

On 5-19-09, DC., performed an Appeal Utilization Review. The reviewer noted the claimant is currently xx xx post soft tissue injury. A Functional Capacity Evaluation was performed on 1/29/2009. This FCE is now xxxx old. No recent Functional Capacity Evaluation or PPE's have been performed on this claimant and submitted to support the current request. The FCE performed on 1/29/09 is xxxx old, which indicated the claimant was capable of dynamic lifts up to 25 lbs, and he was capable of Niosh lifts up to 46 lbs; both of these lifts fall into the Medium PDL. His normal job apparently requires a Medium PDL, so the claimant should be capable of normal work duties. The current request does not meet the ODG Criteria. There is no written job verification from the employer for this claimant to return to, nor is there a job description/job demand per the employer to support the current request. There is no indication whether modified work duties are available for this claimant or not. A return to work duties has the best long-term outcome per ACOEM and ODG, even if the claimant requires a gradual transition to full duty work status. This claimant should be capable of full duty work status. The current request is not necessary for this claimant to return to work.

On 5-27-09, MD., evaluated the claimant. He noted the claimant was injured in xx/xx when he was on a ladder that slipped and he fell about 12 feet. The claimant reported that as he was falling, the posterior elbow and upper arm struck a shelf that was in front of him. The claimant has been seen by Dr. for neck concerns. The claimant was referred for evaluation of the right elbow only. The claimant notes numbness in an ulnar nerve distribution. He has not returned to work since. On exam, the claimant has mildly positive impingement, foot range of motion. Elbow has full range of motion at the forearm and elbow. Medially, there is an equivocal Tinel's. There is tenderness over the medial conjoined tendon/flexor pronator origin. Pronation discomfort is minimal. Neurological exam of the right hand is negative. The evaluator felt the claimant was status post injury, right elbow with history suggestive of ulnar nerve concern as well as medial epicondylitis, but mildly positive physical exam. The claimant notes that he may have had an EMG performed in the past. The evaluator recommended review of the EMG.

Follow-up with Dr. dated 6-2-09 notes the claimant had the EMG done through a chiropractor and it is not very clear. The actual raw data was not provided. The claimant had a Designated Doctor Evaluation about two months ago. On his objective examination, the claimant is negative as it relates to the ulnar nerve. There is some mild

finding suggestive of a medial epicondylitis proper. As far as further intervention as it relates to the ulnar nerve, with an objectively intact exam as it relates to the ulnar nerve and ulnar nerve function, the evaluator did not recommend any further management.

On 6-2-09, MD., evaluated the claimant. The claimant was referred for further evaluation of his cervical radiculopathy. The claimant reports that his pain is worsening. The claimant has limited range of motion. With tilting his head to the right side, the right arm pain was reproduced. The claimant continues to have decreased sensation in the right C6 dermatome. There was weakness today in the right wrist extensors. The evaluator recommended an updated MRI.

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

MEDICAL RECORDS REFLECT A CLAIMANT WITH A HISTORY OF PAIN TREATED WITH MEDICATIONS AND PHYSICAL THERAPY. THE CLAIMANT HAD A FUNCTIONAL CAPACITY EVALUATION, WHICH SHOWED THE CLAIMANT WAS ABLE TO FUNCTION AT THE REQUIRED PHYSICAL DEMAND LEVEL. HE HAS BEEN CERTIFIED TO BE AT MMI BY A DESIGNATED DOCTOR AND WAS GIVEN AN IMPAIRMENT FOR MINOR INJURY TO THE CERVICAL SPINE AND LUMBAR SPINE. MEDICAL DOCUMENTATION DOES NOT SUPPORT A WORK HARDENING PROGRAM. THE RESULT OF THE FUNCTIONAL CAPACITY EVALUATION DOES NOT DEMONSTRATE THE CLAIMANT CANNOT PERFORM AT BELOW CAPACITIES REQUIRED BY THE EMPLOYER. THEREFORE, THE REQUEST FOR A WORK HARDENING PROGRAM IS NOT ESTABLISHED AS MEDICALLY NECESSARY. NON-CERTIFICATION IS UPHELD.

ODG-TWC, last update 6-23-09 Pain – Work Hardening: Recommended as an option, depending on the availability of quality programs. [NOTE: See specific body part chapters for detailed information on Work conditioning & work hardening.] See especially the Low Back Chapter, for more information and references.

Criteria for admission to a Work Hardening Program:

- (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).
- (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.
- (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.
- (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.

- (5) A defined return to work goal agreed to by the employer & employee:
(a) A documented specific job to return to with job demands that exceed abilities, OR
(b) Documented on-the-job training
- (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
- (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
- (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.
- (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.
- (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.
- ODG Physical Therapy Guidelines – Work Conditioning
10 visits over 8 weeks

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**