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Notice of Independent Review Decision

DATE OF REVIEW: 05/20/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twelve sessions of work hardening over eight weeks

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand Surgery

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.

Twelve sessions of work hardening over eight weeks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with M.D. dated 08/13/08, 08/20/08, 09/15/08, 09/22/08, 09/29/08, 10/20/08, 12/01/08, 12/15/08, and 01/19/09
An operative report from Dr. dated 08/29/08
A prescription from Dr. dated 12/02/08
Individual psychotherapy with M.A., L.P.C. dated 01/06/09, 01/13/09, 01/15/09, and 01/27/09
A Designated Doctor Evaluation with M.D. dated 01/20/09
Physical therapy with an unknown provider (signature was illegible) dated 02/17/09, 02/20/09, 02/23/09, 02/24/09, 02/26/09, 03/10/09, 03/18/09, 03/19/09, and 03/20/09
Evaluations with M.D. dated 02/17/09 and 03/17/09
A request for physical therapy from Dr. dated 02/17/09
DWC-73 forms from Dr. dated 02/17/09 and 03/17/09
A letter from R.N. dated 02/19/09
A letter from Dr. dated 03/03/09
A clinical update with Ms. dated 03/17/09
A request for work hardening from Dr. dated 03/26/09
A Functional Capacity Evaluation (FCE) with Dr. (no credentials were listed) dated 04/09/09
An available position posting dated 04/10/09
Letters of denial, according to the Official Disability Guidelines (ODG), from M.D. dated 04/17/09 and 04/20/09
A letter of denial, according to the ODG, from M.D. dated 04/24/09
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 08/13/08, Dr. recommended revision of an amputation with correction of a neuroma. On 08/20/08, Dr. excised necrotic tissue from all three digits. On 08/29/08, Dr. performed revision of an amputation of the right index, middle, and ring fingers with excision of a neuroma. On 12/01/08, Dr. sent the patient for prosthetic implants of the fingers. Individual psychotherapy was performed with Ms. from 01/06/09 through 01/27/09 for a total of four sessions. On 01/20/09, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 26% whole person impairment rating. Physical therapy was performed with an unknown provider from 02/17/09 through 03/20/09 for a total of nine sessions. On 03/17/09, Ms. requested 10 sessions of a work hardening program. On 03/26/09, Dr. recommended 12 days of a work hardening program. An FCE on 04/09/09 indicated the patient functioned at the light medium physical demand level. On 04/17/09, Dr. wrote a letter of denial for 12 sessions of a work hardening program. On 04/24/09, Dr. also wrote a letter of denial for 12 sessions of a work hardening program.

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

The patient underwent a three finger amputation at the PIP joints of the right ring, middle, and index fingers. It appears he has received adequate physical therapy. According to the ODG, a work hardening programs is only indicated in patients with a physical demand level of medium to heavy and the patient's work requires the light to medium physical demand level. Work hardening programs are also more for reconditioning of deconditioned patients, i.e. addressing deconditioning related to an inactivity. The hands are not a body part that gets deconditioned in that way. Furthermore, it appears the patient is not able to perform all of his previous job responsibilities due to his permanent impairments because of the amputations, not to deconditioning. Therefore, the requested 12 sessions of work hardening over eight weeks would not be reasonable or necessary and the previous adverse determinations should be upheld.

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)**