

# Wren Systems

An Independent Review Organization  
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**DATE OF REVIEW:**

May/18/2009

**IRO CASE #:**

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

Work Conditioning 5xWk x 2Wks/RT Wrist (97545, 97546)

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

M.D., Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Determination Letters, 4/3/09, 4/22/09

ODG Guidelines and Treatment Guidelines

Office visit Dr. 12/02/08

Chest x-ray, 12/16/08

EKG, 12/09/08

Prescription for Therapy, 01/21/09, 03/06/09

Therapy Billing Forms

ER report 11/11/08

Fax 11/11/08

RXs 11/11/08

Office note Dr. 11/18/08

Surgical procedure consent 12/15/08

Office note 01/20/09

Office note Dr. 01/21/09

Note, LAT for Dr. 01/23/09, 01/27/09, 02/19/09, 02/24/09, 02/26/09, 03/03/09, 03/18/09, 03/20/09, 03/23/09, 03/25/09, 03/27/09, 04/01/09

Office note Dr. 01/28/09, 03/06/09, 03/27/09, 04/17/09

FCE 03/05/09

Work conditioning progress note 04/10/09

Prescription 04/17/09

Dr. note regarding denial 04/30/09

## **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who had a 1 ½" nail go through his right hand on xx-xx-xx. He was diagnosed with traumatic carpal tunnel syndrome, a complex injury of the right wrist, a scaphoid fracture and a partial laceration of the median nerve. On 12/15/08 the claimant underwent an open reduction internal fixation of the right scaphoid fracture and repair of the median nerve of the right wrist. He attended therapy through 03/03/09, but had ongoing pain in the volar aspect of the wrist. X-rays were noted to have show excellent placement of the screw in the scaphoid bone, no movement at the fracture site and no evidence of any complications with the open reduction internal fixation screw placement.

A functional capacity evaluation was performed on 03/05/09 that noted his job to require constant climbing, carrying, lifting, pushing and pulling and constant brick laying. He had to lift between 30-40 pounds, work about 7 hours/day standing, walking and carrying. He frequently had to kneel or crawl and was constantly lifting 10-20 pounds and frequently 20-50 pounds. He also had to use a lot of tools including nail guns, drills and hammers. The examination noted slightly decreased active motion in all planes of the wrist except ulnar deviation and decreased upper extremity scratch test. Right internal rotation was 6 inches to the scapular borders and external rotation 0 inches to scapular borders. Hamstring flexibility was decreased at 1 inch to toes in 2 hand reach. He had 3+/3+ reflexes for all upper and lower extremity areas bilaterally. There was decreased upper extremity strength with 4/5 strength thumb abduction/extensors in the right and wrist extension 4/5. There was tenderness to palpation of the right scaphoid and mild point tenderness in the palm of the right hand. He had mild swelling, myofascial tension throughout right forearm and thumb and a positive Tinel's in the second and third digits of the right hand. There was grade I right wrist crepitus. The examination noted no inconsistencies, symptom magnification or Waddell findings. He was noted to test out at a medium to heavy level of demand. The therapist indicated that the claimant was not ready to return to full duty work, but could return to light duty up to 6 hours a day now with restrictions of no more than occasional lifting up to 50 pounds squatting from floor to waist and bending at waist, could lift up to 45 pounds from waist to shoulder and up to 40 pounds overhead. He could carry up to 40 pounds, push/pull up to 85 pounds. Breaks were recommended occasionally for stretching and exercises. The therapist felt he could do the light duty with therapy for another month and then have another functional evaluation.

The claimant started in a work conditioning program. Dr. saw the claimant on 03/27/09 and noted he was definitely showing some improvement in the first two weeks of work conditioning and was now able to lift up above 50 pounds with decreased pain. He had ongoing volar wrist pain over the incision site, but the scaphoid repair was slowly getting better. He had some incisional tenderness over the volar proximal scaphoid. X-rays of the wrist that day showed the scaphoid fracture appears to have healed on AP view, although on lateral view there was still some need for additional ossification in mid waist of the scaphoid bone. The head of the compression screw comes up just to the edge of the tuberosity of the scaphoid, but was in good position. Dr. indicated that the claimant's sensation was improving. An additional two weeks of work conditioning were recommended. Dr. stated the claimant's work was heavy duty. Lodine was prescribed.

A work conditioning progress note on 04/03/09 noted active motion was minimally decreased with wrist flexion and extension. Radial and ulnar deviation were minimally decreased and forearm pronation and supination were normal. He had 4+/5 right wrist extensor and thumb abduction/extensor strength. Right handgrip was decreased. Another 3 more sessions of work conditioning were recommended. A review on 04/03/09 denied the request for an additional two weeks of work conditioning. A work conditioning progress note on 04/10/09 was unchanged. Dr. saw the claimant on 04/17/09 and stated he spoke to the therapist and he was definitely getting much stronger. He indicated that the big problem was pain over volar aspect of scaphoid bone where he had the surgery. There was some numbness in the fingers. He had been able to advance up to using 8-10 pound dumbbells where he could do wrist curls and was up to the blue Theraputty which he was working relatively easy. Dr. indicated that x-rays three weeks prior showed the scaphoid appeared to have healed half

way across, but not completely through. A delayed union was diagnosed. An Exogen Bone Growth Stimulator and continuation of work conditioning were recommended. A review for additional work conditioning on 04/22/09 denied the request. Dr. authored a note on 04/30/09 stating that the claimant had functional testing which shows his current level of functioning to be below those required for regular work. He stated the claimant had ongoing pain volar wrist, but had reported improvement in strength during first 2 weeks of work conditioning with grip strength improved to within 20 percent of the opposite side, lifting capabilities were 45 pounds from floor to knuckle when he was admitted to work conditioning. He stated that according to the therapist he had now improved lifting up to 60 pounds.

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

The requested work conditioning, five times a week for two weeks, cannot be supported by the information provided. The most recent clinical note of 04/30/09 indicates that the claimant has improved in his lifting capacity to 60 pounds. The functional capacity evaluation of 03/05/09 indicates the claimant only lifts up to 20 to 50 pounds on a frequent basis. It is unclear why additional work conditioning has been requested when the claimant's most recent data indicates that he exceeds the requirements necessary for a return to his regular employment. The request does not meet the ODG for work conditioning. The reviewer finds that medical necessity does not exist for Work Conditioning 5xWk x 2Wks/RT Wrist (97545, 97546)

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

ACOEM-AMERICA 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)