

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 11/25/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Work Hardening 5 x Wk x 2Wks (80 hours) rt hand, 97545 97546

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

Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

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

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Mental Health Evaluation Ph.D., 08/27/09
2. Rehabilitation notes, 10/05/09 thru 10/13/09
3. Previous determinations D.O., 10/20/09
4. Office notes M.D., 10/20/09 thru 11/05/09
5. Preauthorization request forms, 10/22/09
6. Previous determination M.D., 11/05/09
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

According to the records provided, this is a male who reportedly sustained a job related injury while working. He had a heavy pipe fall onto his right hand and sustained a fracture of his right hand requiring open reduction internal fixation.

Since that time, the employee has experienced pain and decreased functional ability of his right hand and has recently undergone treatment through the use of ten sessions of work hardening. The employee has had apparent improvement from a sedentary physical demand level to a light/medium physical demand level with this work hardening. There is some dispute that this employee is actually functioning at a medium physical demand level post work hardening with a lift carry capacity of 30 pounds and a push/pull capacity of 50 pounds post work hardening. His current job physical demand level is reported as heavy. The current dispute is related to an ongoing request for additional work hardening sessions five times a week for two weeks. Based on current psychological evaluation by Ph.D., it was felt that this employee would benefit from work hardening and the initial ten sessions were ordered at that time. As previously stated, there was some noted improvement after these ten sessions.

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

Based on the current *Official Disability Guidelines* criteria for the use of the work hardening in the setting of injury to the forearm, wrist, and hand, and based on the objective medical evidence that this employee doubled his functional capacity with a brief session of work hardening, the decision at this time is to certify this request.

The decision is to allow the work hardening.

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

1. *Official Disability Guidelines*, Hand, Wrist and Forearm, Online Version