

SENT VIA EMAIL OR FAX ON
Nov/03/2009

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of work conditioning

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 8/26/09 and 9/18/09
2/25/09
DDE 3/14/09
ROC 4/1/09 thru 4/28/09
Medical 6/16/09 thru 7/17/09
7/20/09 thru 10/8/09
Functional Improvement Measure 7/22/09

PATIENT CLINICAL HISTORY SUMMARY

This a male sustained a crush injury to his left hand on xx/xx/xx. He had an amputation of the little finger, and subsequent revision surgery on the ring finger. He

had a neuroma removed on 4/1/09 by Dr. The reports described a nearly normal left thumb except for nail changes, and a good middle finger. The residual ring finger remains stiff with limited motion. One reviewer noted that he had 64 sessions of PT after the multiple operations. He had an FCE On 7/25/09 that showed his ability to lift 55 pounds. His residual grasp is 75 pounds on the left and 160 pounds on the right. He has some anxiety issues. Dr. requested work conditioning. The 10/08/09 report states, "The patient underwent an FCE done on 7/22/09. The test identified functional capacity of HEAVY physical demand level. The job requires a HEAVY physical demand level as evidenced by Department of Labor job classifications. Results of functional Testing can be considered valid and reliable and can be used for medical and vocational planning. Returning the patient served to a physical demand level which is higher than demonstrated in Functional Testing places the client in a high risk category for re-injury and/or exacerbation." It further described psychometric testing showing the that "This patient is appropriate for work conditioning" based on "functional limitations precluding the ability to safely and dependably achieve current job demands..." Dr. wrote that the goal is to work on grasp and weakness.

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

The large amount of trauma to the left hand and the residual loss of function in the ring finger and the amputation create significant structural and functional changes. It is doubtful that he would regain additional strength and fine motor control at this late date based on a careful review of all medical records. The 10/8/09 states he needs the treatment to reach the functional level he is already at regarding lifting strength. In that case, why do it. The additional work therapies would not provide the goals of additional strength and motion. The question is how much motion and strength is needed from the left hand and how can it be accomplished through work itself.

Work

Recommended as indicated below...

ODG Capabilities & Activity Modifications for Restricted Work:

Modified work: Repetitive motion activities (w or w/o splint) not more than 4 times/hr; repetitive keying up to 15 keystrokes/min not more than 2 hrs/day; gripping and using light tools (pens, scissors, etc.) with 5-minute break at least every 20 min; no pinching; driving car up to 2 hrs/day; light work up to 5 lbs 3 times/hr; avoidance of prolonged periods in wrist flexion or extension.

Regular work (if not cause or aggravating to disability): Repetitive motion activities not more than 25 times/hr; repetitive keying up to 45 keystrokes/min 8 hrs/day; gripping and using moderate tools (pliers, screwdrivers, etc.) fulltime; pinching up to 5 times/min; driving car or light truck up to 6 hrs/day or heavy truck up to 3 hrs/day; moderate to heavy work up to 35 lbs not more than 7 times/hr.

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)