

Envoy Medical Systems, L.P.  
1726 Cricket Hollow Dr.  
Austin, TX 78758

PH: (512) 248-9020  
FAX: (512) 491-5145

**Notice of Independent Review Decision**

**DATE OF REVIEW: 9/17/09**

**IRO CASE #:**

Description of the Service or Services In Dispute  
10 sessions work hardening program

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

Physician Board certified in Physical Medicine and Rehabilitation

**REVIEW OUTCOME**

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

<b>X Upheld</b>	(Agree)
Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

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**

Adverse determination letters, 8/21/09, 8/10/09  
Mental health evaluation 6/1/09, Dr.  
Follow up visit note 7/6/09, Dr.  
FCE report 7/16/09

ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who in was injured in xx/xx. He reportedly suffered a closed metacarpal fracture to the left hand. According to the mental health evaluation he underwent some type of surgery, followed by physical therapy. The mental health evaluation reported only marginal results from the structured physical therapy program and medications. A functional capacity evaluation was performed on 7/16/09.

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

I agree with the denial of the requested work hardening program. There are no clinical notes from the requesting provider documenting the medical necessity of the requested work hardening program. No physical therapy notes were provided for review documenting improvement or benefit from physical therapy. In fact the mental health evaluation states that there were only marginal results. The patient is apparently currently working at light duty, and gradual advancement in his restrictions until full duty is appropriate. The FCE recommended a chronic

pain program rather than a work hardening program. The medical records submitted for this review do not demonstrate the medical necessity for a work hardening program.

**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)**