



DATE OF REVIEW: October 28, 2009 (Amended Decision Date: November 12, 2009)

IRO Case #:

Description of the services in dispute:

Item in dispute: Work Hardening for the left elbow – 80 hours

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician reviewer providing this review is board certified by American Board of Physical Medicine and Rehabilitation in Physical Medicine and Rehabilitation. This reviewer has additional training in Hyperbaric Medicine and Acupuncture. This reviewer has been in active practice since 1993.

Review Outcome

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

Overtaken

Medical necessity has been established for the requested work hardening for the left elbow – 80 hours.

Information provided to the IRO for review

Records received from State:

Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO), dated 10/09/09 (5 pages)

Request for a review by an independent review organization, dated 10/09/09 (3 pages)

Utilization review determination, dated 09/22/09 (2 pages)

Reconsideration/Appeal of Adverse Determination, dated 09/30/09 (2 pages)

Texas Department of Insurance Health and WC Network Certification and QA, IRO instructions (1 page)

Records received from:

Texas Department of Insurance, Notice to Utilization Review Agent of Assignment of Independent Review Organization, dated 10/12/09 (1 page)

Pre Authorization Request, dated 9/23/09 (1 page)

Rehabilitation, Reconsideration Request, dated 9/22/09 (3 pages)
Medical & Rehab, Rehabilitation Comprehensive Care Plan, undated (1 page)
Mental Health Evaluation, Initial Evaluation, dated 8/26/09 (3 pages)
Outcomes Grid, 8/26/09 (1 page)
Functional Capacity Evaluation, dated 8/20/09 (10 pages)
Medical Centers, Follow up WC visit, dated 8/10/09 (1 page)
Medical Centers, Physical Medicine & Rehabilitation Treatment Plan, dated 8/10/09 (1 page)
Rehabilitation Preauthorization Request, dated 9/17/09 (1 page)
Medical & Rehab, Industrial Rehabilitation Comprehensive Care Plan, undated (1 page)
Job Description (2 pages)
Medical Centers, Preauthorization Request, dated 7/10/09 (1 page)
Medical Centers, Follow up WC visit, dated 7/9/09 (4 pages)
Medical Centers, Physical Medicine & Rehabilitation Treatment Plan, dated 7/9/09 (1 page)
Post-Operative visit, dated 6/24/09 (2 pages)
Post-Operative visit, dated 5/27/09 (2 pages)
Medical Centers, Preauthorization Request (1 page)
Medical Centers, Follow up WC visit, dated 5/21/09 (5 pages)

Patient clinical history [summary]

This is a patient who injured his left elbow on xx/xx/xx. An mentioned in clinical note dated 05/21/09 showed ulnar neuropathy. The patient was scheduled for surgery. Clinical note dated 05/27/09 shows the patient is status post ulnar nerve decompression and debridement of the seroma in his left medial arm on 05/19/09. Clinical note on 05/27/09 shows that the elbow joint had normal motion in both flexion and extension and strength was also normal in both flexion and extension. Clinical note dated 06/24/09 shows the patient was attending therapy with Dr. and notes improvement with his motion and with also participating in a home exercise program. The patient complained of pain when he pronates and supinates. The exam notes a mass anterior to the incisional scar that is discrete and a 4.0cm in diameter and tenderness. Physical therapy note on 07/09/09 showed the left elbow range of motion was flexion 120 degrees, extension 0 degrees, pronation and supination 70 degrees. It also mentions that a left elbow MRI was pending to assess the mass noted and physical therapy was pending approval. Questionnaire on 08/04/09 shows the patient's work requirements. His position as a laborer entails a heavy physical demand level. Physical therapy note on 08/10/09 shows the left elbow range of motion is 135 degrees extension -3 degrees pronation 70 degrees supination 65 degrees. He was noted to have decreased grip/pinch strength. The patient completed a functional capacity evaluation on 08/20/09. The results showed that the patient is unable to safely and dependably return to work, as his work requires the patient perform at a heavy PDL. The physical exam on 08/20/09 showed edema noted at the left medial epicondyle. There was tenderness to palpation at the left elbow, limited range of motion and flexion was noted. There was weakness noted in grip and pinch strength on the left, reflexes were normal and symmetric with a 2+ rating. The patient was found to perform dependably at a light/medium PDL which fails to meet the minimum job requirement for his employment. Mental evaluation on 08/26/09 showed that the patient would benefit from a work hardening

program. It is also noted that the patient is motivated to return to work as soon as he has been treated and is a motivated individual. The patient was noted on the Beck depression index to score 15, indicating moderate depression. The Beck anxiety index the patient scored 3 indicating minimal anxiety and on Oswestry disability index the patient scored 10/100, placing him in the minimally disabled range. Previous denial letter from Dr. on 09/22/09 states his basis for denial in that the patient's depression, anxiety, and fear measures are relatively mild. Denial from Dr. on 09/30/09 shows the patient had 20 sessions of post-operative physical therapy without great progress, now with the request for a mass removal on the left elbow. He states that based on no information from the provider to justify the program, the medical necessity was not established.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The patient is status post left ulnar transposition surgery on 05/19/09. He has completed 20 sessions of physical therapy and continues to have function deficits noted. The patient completed a functional capacity evaluation on 08/20/09 and was found to be at a light/medium PDL. His job requires performance at a heavy PDL. The patient does have a job to return to and has completed a mental health evaluation with a recommendation for the patient to receive a trial of 10 sessions of a work hardening program. It is noted that the patient does have a moderate depression noted, and therefore he does have functional and psychosocial limitations that would likely improve with the program. The current request is for an initial trial of work hardening, which is supported by ODG. Therefore, based on current ODG guidelines for admission into a work hardening program, the patient does meet the current criteria and medical necessity is established for the requested work hardening for the left elbow – 80 hours.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG – Elbow Chapter

Criteria for admission to a Work Hardening Program:

- (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).
- (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.
- (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.
- (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
- (5) A defined return to work goal agreed to by the employer & employee:
 - (a) A documented specific job to return to with job demands that exceed abilities, OR
 - (b) Documented on-the-job training

(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.

(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.

(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

(9) Treatment is not supported for longer than 1–2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.

(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

ODG Physical Therapy Guidelines – Work Conditioning

12 visits over 8 weeks

See also Physical therapy for general PT guidelines.