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**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

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

Board certified in Physical Medicine and Rehabilitation

**REVIEW OUTCOME**

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

**X Upheld** (Agree)  
Overturned (Disagree)  
Partially Overturned (Agree in part/Disagree in part)

Description of review outcome for each healthcare service in dispute

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse determination letters, 8/6/09, 8/18/09  
Peer review, Dr.  
Preauthorization requests 8/11/09, 8/3/09  
Care Plan, Dr.  
Initial evaluation 6/11/09, Dr.  
Initial WC evaluation 5/15/09 Medical Center  
FCE report 6/12/09  
Request fro IRO review 8/19/09, 8/10/09 Dr.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who injured his elbow, when he hit it while stacking pallets in xx/xxxx. He suffered a contusion and abrasion to the elbow that became infected and required treatment with antibiotics. He apparently did some physical therapy afterwards. He additionally underwent surgery for carpal tunnel syndrome, and no surgical records were provided for review. He underwent further physical therapy after surgery. A functional capacity evaluation rated him at a light physical demand level, and his job

reportedly requires a heavy physical demand level. Very little information was provided for this review. Work hardening has been requested.

**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. There are no clinical notes from the requesting provider explaining why work hardening is necessary. No evidence was provided that the patient ever attempted to return to work in any capacity, with restrictions. No physical therapy notes were presented. According to denial information from the carrier, the patient has already completed 10 sessions of work hardening with no evidence of benefit. The medical necessity for a work hardening program is not demonstrated in the medical records submitted for review.

**A 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)