



## REVIEWER'S REPORT

**DATE OF REVIEW:** 09/04/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work conditioning, ten additional days

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., duly licensed physician in the State of Texas, fellowship trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with over 22 years of ongoing and current practice in Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Medical records of Dr. from xx/xx/xx through 08/13/09
2. Physical therapy progress notes
3. Work conditioning progress notes
4. Functional Capacity Evaluation

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant was allegedly injured on xx/xx/xx when she fell onto her left side. She was initially evaluated by Dr. on the date of injury, complaining of left hip and left hand pain. X-rays were taken, demonstrating a nonspecific fracture of the left wrist. The claimant returned to Dr. three days later, and x-rays were again taken, demonstrating a “slight chip fracture on the dorsum of the left hand.” Dr. followed up with the claimant approximately two weeks later, placing the wrist in a wrist brace. He referred the

claimant to an orthopedic surgeon, but the claimant was unable to see that doctor as that doctor was not in the carrier's network.

On 02/11/09 the claimant followed up with Dr. who now noted she had a short arm cast. He made no mention of who placed that cast.

On 02/19/09 Dr. followed up with the claimant after the claimant had been seen by another orthopedic doctor, Dr. , who removed the cast.

On 04/22/09 Dr. followed up with the claimant, noting that the claimant had undergone arthroscopic debridement of the left wrist by Dr. on 04/06/09, and that she was again placed in a cast.

On 06/02/09 Dr. followed up with the claimant, noting the cast had been removed and recommended that the claimant begin working on strengthening of the left wrist. He recommended physical therapy two times a week for three weeks.

On 06/09/09 the claimant was evaluated by for physical therapy. Mr. noted that the MRI scan of the left wrist had not demonstrated a fracture but rather a TFCC tear. He stated the claimant would be expected to need between "six to 70" physical therapy visits, initially recommending three times a week for six to eight weeks. The claimant completed six sessions of physical therapy on 07/01/09. Mr. noted that she continued to have the same pain and that the claimant "needs to be constantly taking medication to decrease the pain." Range of motion and strength data was provided, demonstrating that the left wrist had actually achieved a greater degree of range of motion than the unaffected right wrist and that strength was identical and equal between the right and left wrists after the two weeks of physical therapy. Mr. , however, stated this was "minimal improvement" and referred her back to Dr.

On 07/01/09 Dr. followed up with the claimant, documenting her pain level of 4/10, nonspecific decreased left wrist range of motion, and 4-/5 strength. He recommended two weeks of work conditioning after which he stated the claimant "should reach MMI." He also stated that since the claimant's pain was "doing better," he released her to light duty work with a 20-pound weight restriction.

A Functional Capacity Evaluation was then performed on 07/08/09. In that evaluation it was noted that the claimant met all of the "demand minimal functional capacity requirements" of her job. Specifically, the Functional Capacity Evaluation noted that the claimant was capable of pushing 100 pounds and pulling 80 pounds. It also noted the claimant's ability to "seize an object using either hand," hold an object using either hand, grasp an object using either hand, and turn an object using either hand. She also demonstrated the ability for fine motor skills using the fingers of either hand and a left hand pinch capacity of four pounds, which met her "demand minimum functional capacity requirement." Mr. who performed this test stated the claimant was capable of assuming a light strength category position and that the claimant could successfully function in a light strength category with restrictions of no crawling, key pinching, or

palmar pinching of the left hand. Nevertheless, he also recommended a work conditioning program.

After seven or eight sessions of a work conditioning program, Dr. followed up with the claimant on 07/28/09. He recommended an additional ten days of work conditioning. He noted the exact same pain level, nonspecific decreased range of motion and strength level of the left wrist as it had been prior to the work conditioning program evaluation. The first physician reviewer, a physiatrist, reviewed the request for an additional ten sessions and recommended nonauthorization. The reviewer noted that the claimant had completed six sessions of physical therapy and ten sessions of work conditioning and that there was no report of significant functional gain after the ten sessions of work conditioning. The reviewer also noted ODG Guidelines recommending no more than ten visits of work conditioning. Based on the lack of “significant measured functional gains as described in M.D.’s notes comparing 07/01/09 and 07/28/09” and “no reported measured functional assessment of overall functional gains since completing the ten sessions of work conditioning,” the reviewer stated there was no medical reason or necessity to support the request for additional work conditioning.

Dr. on 08/04/09 reviewed the physician reviewer’s denial, stating the claimant required the work conditioning for the “severe injury to her left wrist.” He again recommended ten additional sessions of work conditioning.

A second physician adviser reviewed that request on 08/11/09, supporting the recommendation for nonauthorization. In that review, the reviewer noted that work conditioning treatment was not supported for more than one or two weeks “without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities” (quoting the ODG Guidelines). Based on that and the ODG recommendation for no more than ten visits of work conditioning, the second reviewer recommended nonauthorization, stating that the “request exceeds the ODG Guidelines.”

Finally, on 08/13/09 Dr. followed up with the claimant, noting her continued pain in the left wrist with an increased pain level now of 5/10 and nonspecific decrease of range of motion. He again requested the additional ten days of work conditioning.

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

Both of the physician advisers who recommended nonauthorization of this request appropriately cited ODG Treatment Guidelines regarding the nonnecessity of more than ten sessions of work conditioning and the nonnecessity and lack of support for additional sessions of work conditioning absent objective and measurable evidence of gains in functional ability. In this case, this claimant has clearly made no such gains to justify additional work conditioning sessions. The claimant’s pain level did not change despite ten sessions of work conditioning. There is no objective data presented by the requesting doctor of gains in functional ability. Finally, despite the treating doctor’s assertion that this patient suffered a “severe” left wrist injury, the objective test results clearly indicate

no such degree of injury. In fact, the MRI scan did not demonstrate any evidence of the fracture alleged by the treating doctor, only a TFCC tear, which required nothing more than arthroscopic debridement. Therefore, there are no extenuating circumstances nor any compelling reason to override ODG Treatment Guidelines and Recommendations regarding continuation of work conditioning for this claimant. The recommendations of the two previous physician advisers for denial of the additional ten sessions of work conditioning are, therefore, upheld as being appropriate per ODG Treatment Guidelines.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)