

MATUTECH, INC.

PO BOX 310069
NEW BRAUNFELS, TX 78131
PHONE: 800-929-9078
FAX: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: March 30, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work conditioning program five per week for two weeks (10 sessions).

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

XXXXXXX

- FCE (02/26/10)
- Utilization review (03/12/10)

TDI

- Utilization review (02/22/10 - 03/12/10)

ODG has been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his lower back when he lifted a heavy bag at work on xx/xx/xx.

Since the injury, the patient has received the following treatment: x-rays, magnetic resonance imaging (MRI), epidural steroid injections (ESI), over-the-counter (OTC) medications, and physical therapy (PT).

Per utilization review dated February 22, 2010, request for work conditioning program (WCP) five per week for two weeks (10 sessions) was denied with the following rationale: *"IW suffered low back soft tissue strain lifting allegedly. IW*

has been treated with conservative care including medication management/PT/ESIs with chronic low back pain/tenderness. There is no job description provided by employer for an offered job for my review and FCE which notes decreased function and activity level noting light PDL below waist but notes that IW noted effort was questionable on this evaluation. The evaluation of December 20, 2009, noted the following "The results of this evaluation suggest that the patient gave an equivocal effort." ODG notes that work conditioning is to recondition an IW after an absence from work for the specific demands of the job. ODG notes that when IW is stable from injury if he remains deconditioned and cannot perform the essential job functions of own occupation then work conditioning/work hardening is both reasonable and necessary. In order to determine this impairment related to deconditioning, an employer's offered job description is needed and a reliable FCE is needed. In this case neither is provided for my review. Given limited soft tissue injury documented, there are questions as to remaining limited function noted on FCE. A repeat study is indicated for this evaluation. This modality is not meant to return IW to pre-injury level of functioning or to treat underlying or Injury-related Impairments. Work conditioning/work hardening is meant to address deconditioning related to inactivity in order to return IW to own occupation performing essential job functions of his own occupation. Based on available medical data and without an appropriate job description, there are insufficient indications for request."

In a functional capacity evaluation (FCE) dated February 26, 2010, the patient showed consistent effort. The evaluator noted the following limitations: floor lifting-no ability, carrying 20 lbs, shoulder lift 10 lbs, overhead lift 10 lbs, pushing and pulling 20 lbs, squatting - no ability. Psychological evaluation revealed moderate anxiety and no significant depression based on BDI-II and BAI. Treadmill test was terminated due to pain and weakness in the lower extremities, the patient stated he left like his legs were going to give out on him after two minutes. The patient qualified at no ability-to-light physical demand level (PDL) versus medium PDL required by his job. The evaluator opined that the patient was unable to safely perform his job as a maintenance man and recommended WCP and consultation with primary care due to his high blood pressure.

Per reconsideration review dated March 12, 2010, the appeal for WCP five per week for two weeks (10 sessions) was denied with the following rationale: *"The documentation provided indicates that this 50-year-old claimant was given an FCE on February 26, 2010. He was injured when he lifted a heavy bag at work. Treatment has included injections, medications and physical therapy. He is noted to have given reliable effort with 26 out of 28 measures during FCE testing. He does not meet the current demands expected by his employer. He needs to be able to work at a medium-heavy PDL. He has restrictions in ability to lift from the floor, carrying 20 lbs, lifting 10 lbs at shoulder level and overhead lift of 10 lbs. He is significantly limited in his cardiovascular health. He reported his legs were going to give out after 2 minutes on the treadmill. Provider recommends a WCP. This is supported by ODG guidelines if the claimant meets criteria of having a job to return to and if he/she will be able to tolerate work conditioning expectations. With a very limited cardiovascular tolerance and an ability to walk on the treadmill only 2 minutes, there is significant concern regarding the claimant's ability to tolerate work conditioning. Without further information regarding the limitations that the claimant has and how this will be addressed, the medical necessity of work conditioning at this juncture is not established."*

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

The concerns of the peer reviewers have been identified as such, per ODG:

- *Other contraindications:* There is no evidence of other medical, behavioral, or other comorbid conditions (including those that are non work-related) that prohibits participation in the program or contradicts successful return-to-work upon program completion.
- *RTW plan:* A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.

These concerns do not appear to have been addressed by the requestor. The determination appears to be appropriate and in accordance with ODG criteria.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES