

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/12/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Work hardening/conditioning; initial 2 hours

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

Texas Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Initial psychological interview by dated 10/02/09
2. Functional Capacity Evaluation dated 10/07/09, 11/23/09, and 01/27/10
3. Plastic surgery notes by Dr. dated 10/15/09 and 01/14/10
4. Chronic pain management progress note dated 01/29/10
5. Letter of medically necessary from DC dated 02/02/10 and 02/19/10
6. Prior reviews dated 02/08/10 and 02/23/10
7. Progress note from DC dated 02/09/09
8. Clinical note from DC dated 03/03/10
9. Coversheet and working documents
10. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

An initial psychological interview dated 10/02/09 reported the employee was injured when a 350 pound object fell and smashed his left hand. The note reported the employee was taken to the emergency room where he underwent same day surgery to include amputation of one of his fingers and repair of broken bones in several tendons. The note reported the employee had a BDI-2 score of 10 and a BAI score of 9. The employee was recommended to participate in a work hardening program.

A Functional Capacity Evaluation (FCE) dated 10/13/09 reported the employee required a physical demand level of very heavy to return to full duty and currently had a physical demand level of medium.

Plastic surgery consultation dated 10/15/09 reported the employee had developed a scar contracture in the first web space of the left thumb, and had a well healed amputation stump of the left ring finger.

An FCE dated 11/23/09 reported the employee had completed eight sessions of a work hardening program. The note reported the employee had a current physical demand level of heavy.

A clinical note dated 01/14/10 reported the employee had no new complaints and could still not flex his IP joint of the left thumb mass 15-20 degrees.

An FCE dated 01/27/10 reported the employee had completed ten sessions of work hardening. The note reported the employee continued to have a physical demand level of heavy.

A mental health progress note dated 01/29/10 reported the employee complained of 3/10 pain. The employee was noted to have a BDI-2 score of 10 and a BAI score of 9. The employee was recommended for additional work hardening sessions.

A letter of medical necessity dated 02/02/10 recommended the employee for final ten days of a work hardening program.

Prior review dated 02/08/10 reported the request for ten additional work hardening sessions was denied secondary to the employee not being able to complete the work hardening program in four weeks or less in accordance with ***Official Disability Guidelines***.

The clinical note dated 02/19/10 reported the employee continued to complain of pain in the left hand. The note reported the employee had completed ten prior work hardening sessions with significant improvement.

A letter of medical necessity dated 02/19/10 reported the employee could not complete work hardening sessions in four consecutive weeks or less due to his father being ill. The employee was again recommended for an additional sessions of work hardening program.

A prior review dated 02/23/10 reported the request for ten additional work hardening sessions was denied secondary to the initial ten sessions of work hardening being completed over three months prior.

A clinical note dated 03/03/10 reported the employee complained of 6/10 pain. The note reported the employee may require additional surgical intervention if he did not improve with additional physical therapy. The employee was again recommended for ten additional sessions of a work hardening program.

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

The request for ten additional work hardening sessions is not medically necessary.

The clinical documentation submitted for review indicated the employee completed ten sessions of a work hardening program previously with significant improvement. The employee was noted to have increased his physical demand level from a medium to a heavy. FCEs submitted for review indicate the employee requires a physical demand level of very heavy to return to full duty. The last FCE submitted for review was dated 01/27/10. In addition, there were no work hardening progress notes submitted for review to demonstrate the efficacy of treatment.

There was insufficient clinical documentation submitted for review at this time to overturn the previous denials. As such, the medical necessity for the request for ten days of a work hardening program is not established at this time.

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

Official Disability Guidelines Forearm Wrist and Hand 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.