



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 06/23/10

**IRO CASE NO.:**

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

Item in dispute: Work hardening 5x wk x 2wks 97545 97546 wrist

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

Texas Board Certified Physical Medicine & Rehabilitation  
Texas Board Certified 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. 06/11/09 - Initial evaluation by Dr.
2. 06/11/09 - Radiographs of the right wrist
3. 06/18/09 - Clinical note, Dr.
4. 06/22/09 - Electrodiagnostic study
5. 06/23/09 - MRI of the right wrist
6. 06/24/09, 07/02/09 - Clinical notes, Dr.
7. 08/31/09 - Functional Capacity Evaluation
8. 09/23/09 - Evaluation by Marce Hufnabel
9. 09/30/09 - Medical necessity statement
10. 09/30/09 - Functional Capacity Evaluation
11. 11/06/09 - Statement of medical necessity
12. 11/06/09 - Functional Capacity Evaluation
13. 11/23/09 - Clinical evaluation
14. 11/23/09 - Functional Capacity Evaluation
15. 11/30/09 - Work hardening progress note
16. 12/22/09 - Operative report
17. 02/01/10 - Evaluation by xxxxxx
18. 02/01/10 - Statement of medical necessity
19. 02/01/10 - Functional Capacity Evaluation
20. 02/08/10 - Work hardening progress note
21. 03/01/10 - Work hardening treatment plan
22. 03/03/10 - Statement of medical necessity

- 23. 03/03/10 - Functional Capacity Evaluation
- 24. 03/10/10 - Precertification request
- 25. 03/18/10 - Utilization review
- 26. 04/02/10 - Appeal letter
- 27. 04/02/10 - Utilization review report
- 28. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a female who sustained an injury on xx/xx/xx when she hyperextended her thumb cutting fabric.

The employee was initially evaluated on xxxxxx with complaints of right wrist pain. The employee stated that this was pronounced with external rotation and carrying objects. Physical examination revealed positive Finkelstein's and Bunnel-Littler test to the left. The employee also had a positive Phalen's sign. Reduced range of motion in the left wrist was noted and radiographs taken of the right wrist were normal. The employee was prescribed Motrin 600 mg and provided an Ace wrap. The employee was referred for physical therapy.

An electrodiagnostic study performed 06/22/09, revealed evidence of a C8 or T1 radiculopathy to the right.

An MRI of the right wrist performed on 06/23/09 revealed Grade I tenosynovitis and peritendinitis of the extensor carpi radialis and long head tendons. Fluid was present within the extensor pollicis longus tendon sheath with a mild degree of inflammatory change noted. An oblique tear of the TFCC was noted and there were small chronic osteochondral erosions noted in the proximal articular surface of the triquetrum.

The employee underwent an injection by Dr. on 06/24/09. Follow up with Dr. on 07/02/09 indicated the employee was doing well and reported some stiffness at the interphalangeal joint of the right thumb. The employee was referred for physical therapy and occupational therapy.

A Functional Capacity Evaluation (FCE) dated 08/31/09 reported that based on testing, the employee did not meet requirements for their job and should continue with physical therapy. The employee did demonstrate a valid and consistent effort during testing.

Psychological evaluation performed on 09/23/09 reported mild depression and anxiety on BDI and BAI testing. The employee was recommended for a work hardening program for ten sessions.

A repeat FCE was performed on 09/30/09 indicating the employee did provide a genuine effort and continued to have decreased functional mobility. The employee's required physical demand level was heavy for lifting activities and lift for cardiovascular endurance. FCE testing demonstrated a medium physical demand level for lifting and frequent for work activities. The employee was again recommended for ten sessions of work hardening.

It appeared the employee did undergo work hardening and FCE performed on 11/06/09 and indicated the employee provided a genuine effort and continued to demonstrate a medium physical demand level for lifting and for work activities. The employee was recommended for an additional ten sessions of work hardening and conditioning followed by an FCE.

A repeat FCE on 11/23/09 indicated that the employee had undergone a total of twenty sessions of work hardening and continued to demonstrate a medium physical demand level for work. It was noted that the FCE stated that the employee had a required physical demand level of medium. The employee was referred back to her treating physician. The work hardening summary demonstrated the employee was compliant with all scheduled therapy dates. The employee did not demonstrate any significant improvement and psychological testing and appeared to plateau in regards to work level ability. The employee did improve with endurance and cardiovascular ability. Work stimulation was also increased appropriately.

It appears the employee did undergo release of the first compartment at the right radial styloid with synovectomy for de Quervain's syndrome on 12/22/09.

The employee was referred back for a psychosocial evaluation on 02/01/10. BDI and BAI testing indicated severe depression with minimal anxiety. The employee was recommended back for a work hardening program. The BHI-II report on 02/01/10 did indicate abnormal levels of somatic complaints and functional complaints and high-effective scales for depression and anxiety.

The employee underwent an FCE on 02/01/10 and demonstrated the ability to perform at a medium physical demand level. The employee required a heavy physical demand level for her job. It was noted that the employee's decreased functional ability was related to her knee. The employee was recommended for ten sessions of work hardening and work conditioning.

A work hardening progress report dated 03/08/10 indicated the employee was compliant with her scheduled therapy and did not demonstrate any significant improvement with psychological testing. The employee did show improvement with dynamic lifting and was able to improve her ability to sit, stand, walk, and use exercise equipment. Work stimulation was increased.

A repeat FCE dated 03/02/10 reported a medium physical demand level on testing. The employee was recommended for an additional ten days of work hardening.

This request was denied by Utilization Review on 03/18/10 by Dr.. Dr. opined that there was no defined return-to-work goal as agreed to by the employer and employee. It appeared the employee had completed twenty sessions of work hardening to date based on the report dated 03/01/10.

The request was again denied by Utilization Review by Dr. on 04/28/10. Dr. opined that there was still no specific return-to-work plan, and the exact number of previous work hardening sessions was not clarified.

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

The employee has received a fairly extensive post injury treatment course that included twenty sessions of work hardening in 2009, and nine sessions in 2010. The work hardening provided to the employee in 2010 did improve the employee's functional status in some areas; however, the employee's psychological improvement was minimal based on the work hardening progress note. The employee also did not make any gains in regards to functional capacity. Although the clinical documentation does not indicate the employee has had more than ten sessions of work hardening in 2010, there is still no return-to-work agreement or return-to-work plan documented in the clinical documentation that would support continued work hardening as recommended by Official Disability Guidelines. As such, the requested work hardening is not deemed medically necessary.

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

1. **Official Disability Guidelines**, Online Version, Knee and Leg Chapter