I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 Hours (8 Hours a Day, 5 Times a Week for 2 Weeks) Work Hardening

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines and Treatment Guidelines, Work Hardening
Office records / physical performance exam / functional capacity evaluations 02/23/11-04/28/11
Physical therapy daily progress and therapy notes 02/14/11-05/05/11
Psychological evaluation 05/13/11
Adverse determination letter 05/31/11 regarding non-authorization medical necessity 80 hours work hardening
Adverse determination letter amended 06/16/11 regarding non-authorization reconsideration
Precertification request 05/23/11
Operative report 01/21/11
Designated doctor evaluation 04/09/11
Request for appeal 06/06/11

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was moving a pallet on a forklift and his left hand was crushed injuring his left ring finger. The injured employee is status post ORIF left ring finger performed on 01/21/11. Surgery included extensive debridement to bone, repair of collateral ligament, open reduction internal fixation of fracture and repair of flexor tendon x 2, repair of volar plate, micro repair of digital nerve on ulnar and radial sides and micro repair of artery under power loop magnification, rotation skin flap and repair of flexor pulleys x 2, #3 and #4, tissue arrangement 6 x 2 cm, peripheral nerve block and application of splint to left ring finger. The injured employee then underwent a course of postoperative therapy. Designated doctor evaluation was performed on 04/09/11, and the injured employee was determined to have reached maximum medical improvement as of 03/31/11, date when sensory recovery and motion made significant change. The designated doctor evaluation assigned a 1% whole person impairment rating.

Per psychological evaluation dated 05/13/11, the injured employee's BDI was 4 and BAI was 3. A preauthorization request for 80 hours of work hardening was reviewed on 05/31/11 and non-certified as medically necessary. It was noted that functional capacity evaluation was accomplished on 04/28/11, and this assessment revealed ability to perform heavy-duty work activities. The claimant's pre-injury was noted to have been of very heavy nature. Designated doctor evaluation was noted to have determined maximum medical improvement as of 03/31/11. The reviewer noted that it appeared the claimant is essentially at pre-injury work activity level, and medical necessity for this request is not presently established. A reconsideration / appeal request for 80 hours work hardening was reviewed on 06/16/11 and request was non-certified as medically necessary. It was noted that the injured employee has undergone surgical repair of left hand and 2 sessions of occupational therapy. Functional capacity evaluation 01/15/11 documented the claimant was functioning at heavy physical demand level but needed to be at very heavy level for his job. Psychosocial evaluation reported global assessment of function score 58 and recommended work hardening. It was noted that the injured employee currently is not working, and there was no documented return to work plan provided.

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

The injured employee sustained a crush injury to left ring finger requiring extensive surgical repair including ORIF, ligament and tendon repairs performed on 01/21/11, followed by 24 sessions of active postoperative therapy from 02/14/11-05/05/11. Designated doctor evaluation on 04/09/11 determined the injured employee reached maximum medical improvement as of 03/31/11 with 1% whole person impairment rating. Records reflect the claimant meets his required physical demand level for lifting, but he continues to have barriers in range of motion, strength, and endurance. Psychological evaluation revealed no significant depression or anxiety that would present a barrier to progress and require a multidisciplinary work hardening program. The clinical data presented for this independent review does not establish medical necessity for proposed 80 Hours (8 Hours a Day, 5 Times a Week for 2 Weeks) Work Hardening. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)