

C-IRO Inc.

An Independent Review Organization
1108 Lavaca, Suite 110-485
Austin, TX 78701
Phone: (512) 772-4390
Fax: (512) 519-7098
Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening (duration not provided)(97545,97546)

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

M.D., Board Certified Physical Medicine and Rehabilitation and Pain Management

REVIEW OUTCOME:

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

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

Preauthorization determination 10/17/11

Preauthorization appeal 11/03/11

Preauthorization request for work hardening program 10/12/11

Preauthorization appeal request for work hardening 10/26/11

Prescription work hardening 09/28/11

Functional capacity evaluation 09/13/11

Office notes Dr. 03/23/11-10/26/11

Physical therapy evaluation and daily notes 08/04/11-08/31/11

Daily progress notes work conditioning 05/23/11-06/06/11

Functional capacity evaluation 05/03/11

Physical therapy evaluation and progress notes 03/04/11-03/25/11

Operative report right wrist carpal tunnel release 06/24/11

Operative report right thumb A1 pulley release 01/25/11

Electrodiagnostic test results 12/22/10 and 05/27/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. The mechanism of injury is not documented. After failing conservative treatment including injections, splinting, and anti-inflammatories, the claimant underwent release of right trigger thumb on 01/25/11 followed by course of postoperative physical therapy. The claimant then participated in course of work conditioning x 20 hours. Electrodiagnostic testing revealed evidence of right-sided moderate median nerve neuropathy at level of wrist. The claimant was noted to have failed conservative treatment and underwent right carpal tunnel release on 06/24/11 followed by 12 visits of postoperative physical therapy. Functional capacity evaluation performed on 09/13/11 reported the claimant's performance was consistent with sedentary – light category

for work tolerance which was reported as not consistent with that required to perform most of her normal work duties. The claimant was recommended to participate in work hardening program.

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

This claimant is noted to have undergone a light trigger thumb release on 01/25/11 followed by postoperative physical therapy and work conditioning program. She subsequently underwent right carpal tunnel release on 06/24/11. She completed 12 visits of postoperative physical therapy following carpal tunnel release from 08/04/11-08/31/11. ODG guidelines support up to 8 visits of postsurgical treatment following carpal tunnel release either endoscopic or open procedures.

A functional capacity evaluation on 09/13/11 indicated the claimant was functioning at sedentary light category, which was noted as not consistent with level required to perform most of her normal work duties. However, there is no evidence of behavioral / psychological factor to support need for multidisciplinary work hardening program. It appears that work-conditioning program may have been appropriate; however, noting the claimant had extensive therapy following trigger thumb release and extensive postoperative physical therapy following carpal tunnel release, it does not appear that she is maximizing benefit from formal supervised therapy. Given the current clinical data, the review finds there is not a medical necessity for Work Hardening (duration not provided)(97545,97546).

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

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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)