

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** February 11, 2011

**IRO CASE #:**

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

Outpatient work conditioning 5 times a week for 2 weeks for a total of 40 hours as related to the bilateral hand/wrists.

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

Fellow American Academy of Physical Medicine and Rehabilitation

**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**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx-year-old male who was. While the patient sustained injury to bilateral hands and wrists. Right hand had a through and through wound with a valve core remover.

Following the injury, the patient was taken to emergency room (ER) by emergency medical services (EMS). An ice pack was placed on the left hand to reduce swelling. The patient was diagnosed with contusion, laceration and open fracture of the right and left hand.

M.D., performed irrigation and debridement (I&D) of the right hand with neuroplasty of radial and ulnar digital nerves of the right second metacarpal; closed reduction and percutaneous pinning of the right wrist; I&D of skin and subcutaneous tissue and bones of the left second metacarpal and closed reduction and percutaneous pinning of the second metacarpal. Postoperatively, the patient was placed in a short-arm cast.

From July through September, the patient attended 19 sessions of physical therapy (PT) consisting of therapeutic activities. Dr. noted improvement and recommended additional PT twice a week for six weeks, which was denied.

In a functional capacity evaluation (FCE) dated November 17, 2010, the patient qualified at a medium-heavy physical demand level (PDL) versus very heavy PDL required by his job. The evaluator recommended participation in transitional work program. In December, Dr. recommended work conditioning program (WCP) in order to assist him to return to modified or full duty.

Per utilization review, the request for outpatient WCP five times a week for four weeks was denied with the following rationale: *“Last office note was an FCE which shows claimant at a medium-heavy PDL. Job requires a very heavy PDL. Previous office visit. No screening for barriers such as significant psychosocial, drug or attitudinal barriers is seen. The ODG requires that screening for these possible barriers be done. Therefore at this time and on this information request is not approved.”*

On December 17, 2010, physician opined that the patient's recovery was slow and he had too much stiffness, weakness and discomfort in the hands and wrist to return to work and disagreed with the medical disability advisor. He recommended WCP.

In a reconsideration review dated January 19, 2011, request for outpatient WCP five times per week for two weeks (for a total of 40 hours) for the bilateral hand/wrists was denied with following rationale: *“The claimant is a who was injured when a. He sustained injuries to both hands. He is status post open reduction and internal fixation (ORIF) and fixation by cutaneous pinning for metacarpal fractures of bilateral upper extremities on x/xx/xx. Other treatment has included thirty-six (36) physical therapy sessions. An FCE determined claimant to be at a medium heavy PDL, while a very heavy PDL is required for his usual job. A previous request for 20 work conditioning sessions was denied 12/13/10, following peer review. In rationale for previous denial, reviewer cited a lack of documented evaluation for significant psychological, drug or attitudinal barriers. 01/04/11 provider office note submitted with the current request for 10 sessions of work conditioning (5 x 2, total of 40 hours) stated that he believed that previous denial was based upon a miscommunication, but no new clinical information was included in the note.”*

Per reconsideration review dated January 31, 2011, appeal for outpatient WCP five times per week for two weeks for a total of 40 hours as related to the bilateral hand/wrists was denied with following rationale: *“It was noted by the initial reviewing physician that the claimant was a who was injured when He sustained injuries to both hands. He was status post open reduction internal fixation by cutaneous pinning for metacarpal fractures of bilateral upper extremities on 6/18/10. Other treatment has included thirty-six physical therapy sessions. An FCE determined the claimant to be at a medium- heavy PDL, while a very heavy PDL is required for his usual job. A previous request for 20 work conditioning sessions was denied on 2/13/10. In the rationale for previous denial, the reviewed cited a lack of documented evaluation for significant psychological, drug or attitudinal barriers. The 1/04/11 office visit note*

*submitted with the current request is for 10 sessions of work conditioning. The attending physician stated that he believed the previous denial was based upon a miscommunication, but no new clinical information was provided in the note. The Official Disability Guidelines criteria for the performance of work conditioning was cited. It was noted that the request exceeds the ODG recommendation for up to thirty hours of work conditioning. None of the appeals correspondence contains any additional clinical information and this central issue of the denial has not been addresses. Based on this lack of additional clinical information, in my opinion the requested work conditioning program five times a week for two weeks should remain non-authorized.”*

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

Based on ODG criteria, documentation must be present evaluating psychologic, drug or attitudinal behavior and despite multiple denials additional information has not been received. In addition, forty hours exceeds the recommended and therefore, the decision is upheld.

**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**