Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 2/21/2011
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Reconsideration for Work Hardening 10 sessions 8 hours a day 5 days per week x 2 weeks

QUALIFICATIONS OF THE REVIEWER:

Orthopaedic Surgery

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)

1. Reconsideration for Work Hardening 10 sessions 8 hours a day 5 days per week x 2 weeks Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Facsimile cover sheet, dated 02/01/2011
2. Notice of reviews of case management dated 02/01/2011
3. Confirmation of receipt of a request for a review by an independent review organization (IRO) by author illegible dated 01/31/2011
4. Request form for a review by an independent review organization by author illegible dated 01/21/2011
5. Preauthorization request-notice of non-authorization dated 12/27/2010
6. Preauthorization request-notice of non-authorization dated 12/14/2010

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Per the 10/27/10 psychology report, the injured employee is noted to have sustained an injury when he fell off a machine hitting his head, and became unconscious. The injured employee is s/p a C6-7 fusion on 6/21/10. He was noted to be taking Tramadol and Celebrex. The injured employee is noted to have constant neck pain.

On 12/8/10, it was noted that the injured employee "..has reached a current PDL of heavy." On 12/10/10, there was a report submitted, detailing the notes from the initial 10 sessions of work hardening. The injured employee was noted to have progressed during the initial 2 weeks with increase in dynamic lifts, cardiovascular endurance, and tolerance to work simulation tasks, improved strength and endurance. The injured employee is noted to have moderate pain behaviors during activity and requires extra breaks with work activity and difficulties with specific job demands including cervical flexion, strength and endurance during a full workday. The injured employee was felt to be "unable to effectively deal with his work injury at this time."

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

On 12/10/10, the injured employee was noted to have progressed during the initial 2 weeks of the work hardening program with increase in dynamic lifts, cardiovascular endurance, and tolerance to work simulation tasks, improved strength and endurance. The injured employee is noted to still require extra breaks and has moderate pain

behaviors. The injured employee is noted to be functioning at a medium work level. As per the Official Disability Guidelines, "There is no evidence that work hardening for neck pain (reproduction of the work environment) is more effective than a generic strengthening program...Treatment is not supported for longer than 1-2 weeks without evidence of injured employee compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the injured employee's physical and functional activities performed in the program should be included as an assessment of progress." Per the December 2010 note, the injured employee is noted to only have difficulties with sustaining a full work day, requiring frequent breaks. The PDL level of "heavy" was noted to have been achieved as noted on 12/8/10. There are noted to be no significant physical deficits that are precluding this injured employee from returning to work.

For consideration of ongoing work hardening, ODG notes that here must be a significant musculoskeletal deficit. This has not been recently identified in the records submitted for review. Therefore, the previous denial is upheld.

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

- ☐ ACOEM- AMERICAN 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
- **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)