

**MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: January 28, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

60 hours of work conditioning (6 hours per day for 10 sessions).

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

M.D., Board Certified in Physical Medicine and Rehabilitation.

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)

The requested services, 60 hours of work conditioning (6 hours per day for 10 sessions), are not medically necessary for this patient.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 1/7/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 1/7/11.
3. TDI Notice to IRO of Case Assignment dated 1/10/11.

4. Appeal Letter of Non-certification of Work Conditioning dated 12/13/10.
5. Functional Capacity Evaluation dated 12/1/10.
6. Medical record from dated 10/29/10 and 12/8/10.
7. Operative report from Surgery Center dated 9/13/10.
8. Left forearm CT dated 6/21/10.
9. Medical record from Clinic dated 12/6/10.
10. Report of Medical Evaluation dated 12/8/10.
11. Report of Medical Evaluation dated 11/24/10.
12. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a work injury on xx/xx/xx when a nail gun misfired and a piece of metal was embedded in his left forearm. The patient is status post removal of the foreign body from the left forearm on 9/13/10. The operative note indicated the metal foreign body was in the subcutaneous tissue in the volar surface of the forearm. The patient has had 9 sessions of physical therapy consisting of manual therapy and 1 ½ hours of exercise per session. The patient's provider has recommended 60 hours of work conditioning (6 hours per day for 10 sessions). The requesting provider reported that the patient had a functional capacity evaluation that indicated he was not capable of returning to his former level of physical demand activity and that the requested work conditioning would help him return to a higher level of functioning. The URA indicates the requested services are not medically necessary. Specifically, the URA states Official Disability Guidelines recommend work hardening in cases in which the patient's functional capacity is below that required for return to work. According to the URA reviewer, this criterion is not satisfied as the functional capacity evaluation report indicates the patient is functioning at his required physical demand level.

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

According to Official Disability Guidelines (ODG), 90% of patients with injuries that occur in the forearm return to work within 19 days. This patient had an injury on xx/xx/xx. The foreign body in his forearm was not removed until 9/13/10. The operative note indicated the foreign body was in the subcutaneous tissue, i.e., not in the muscle or fascia. As such, his injury would be

in the category of a superficial injury to the elbow, forearm or wrist. The designated doctor examination placed the patient at maximum medical improvement (MMI) in December 2010. His functional capacity evaluation indicated he was capable of heavy work. There is no evidence that the patient's functional capacity is below that required to return to work. Based on the documentation provided, the patient does not meet ODG criteria for a work conditioning program. The requested services are not medically necessary for this patient.

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
- 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)