

SENT VIA EMAIL OR FAX ON
Jan/13/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours work hardening for the right wrist

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

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

Chiropractor

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

OD Guidelines

Denial Letters 10/25/10 and 11/12/10

Pain & Recovery Clinic 1/28/10 thru 12/2/10

FCA 10/5/10

8/18/09

Dr. 1/28/10 thru 10/8/10

OP Report 5/11/10

Health Services 2/10/10 and No Date

Radiology Reports 11/25/09

11/12/09 thru 12/30/10

Dr. 1/18/10 thru 10/6/10

OP Report 7/9/10
Dr. 11/5/10
Med Confirm 10/13/10
FAE 11/5/10
Precision Pathology 5/11/10
Churchill 12/10/09
Dr. 12/7/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury and injured his right wrist while trying to dislodge a tape dispenser on xx/xx/xx. On 0/27/09 the injured employee was seen by Dr. MD who took x-rays and placed his arm in a short arm cast. A job description was signed by a supervisor on xx/xx/xx. On 10/01/2009 Dr. MD prescribed Naprosyn. On 10/15/2009 initial evaluation with Pain and Recovery, Dr. placed the patient into 12 sessions of physical therapy. On 11/25/2009 arthrography was performed on the right wrist and revealed evidence of a tear involving the volar aspect of the scapholunate ligament. Designated doctor report dated 12/10/2009 indicated that the injured employee was not at MMI. On 02/10/2010 EMG/NCV appeared to be performed by technician and read by Dr., reported evidence of carpal tunnel syndrome. On 05/11/2010, the injured employee underwent surgery for scapholunate ligament repair, carpal tunnel release, radical flexor synovectomy, and division and burial of the posterior interosseous nerve. On 07/09/2010 Steinmann pin was removed. On 10/05/2010, FCE was performed and indicated light duty PDL. On 10/05/2010 follow-up psychological testing was performed and revealed Beck Depression 21 to 26, Beck Anxiety 21 to 20, Pain Catastrophizing Scale 26/52 to 43/52, McGill pain total 36 to 39 and Affective/Emotional 5 to 4. Reported indicted that the injured employee takes Lortab and Naproxyn. On 11/05/2010 the injured employee was seen by MD at the request of TDI. Dr. indicated that the extent of the compensable injury is to the right wrist sprain, right carpal tunnel release, and status post scapholunate ligament repair. Dr. indicated that the disputed diagnosis of mental health issues are not compensable. There may be issues related to the compensable issues related to psychological issues. Ten (10) sessions, 80-hours total, of work hardening are requested at this time.

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

The injured employee does meet the criteria for entrance into a work hardening program. FCE indicates that the injured worker is below the current PDA level (#4). A job description signed by the employee is in the records and records do indicate that he has a job to return to (#3). Screening and psychological testing has been performed and evaluated (#2, #12). Records do indicate that the injured employee continues to take pharmaceutical medication (1#). Physical therapy was performed and the injured employee appears to have plateaued (#5). Compensability issues are not addressed in this review.

(4) *Functional capacity evaluations (FCEs)*: A valid FCE should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs.

(3) *Job demands*: A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits).

(2) *Screening Documentation*: Approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following

components: (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work; (b) Review of systems including other non work-related medical conditions; (c) Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury. Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a work hardening program. Development of the patient's program should reflect this assessment.

(12) *Further mental health evaluation:* Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning.

(1) *Prescription:* The program has been recommended by a physician or nurse case manager, and a prescription has been provided.

(5) *Previous PT:* There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches.

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)