

SENT VIA EMAIL OR FAX ON
Jan/18/2011

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 session (80 hours) of Work Hardening Program

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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 11/3/10 and 11/12/10
11/29/10
Dr. 8/13/10 thru 1/4/10
Physical Medicine 8/19/10 thru 12/21/10
MRIs 9/2/10 and 9/7/10
FCEs 10/25/10 and 12/16/10
Psychosocial Evaluation 10/27/10
Hand Center 9/20/10 thru 12/20/10

PATIENT CLINICAL HISTORY SUMMARY

This is a who injured his left wrist on xx/xx/xx in an altercation with a. He was found on MRI to have a TRCC injury. He had injections and therapy. An FCE done in September reportedly showed some pain limiting some wrist motion and activities. He had an FCE on 10/25/10 that showed he was at a light medium PDL and needs to be at a very heavy PDL for work. He was at medium PDL on 12/16/10He was felt to have a goal for improved pain free motion and improved strength. The request for Work Hardening was previously denied on the grounds he can work on a reduced work (restricted) duty (not reportedly available by the employer), It was also denied on the grounds of suboptimal performance reportedly due to the wrist pain.

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

The issue is whether or not he can return to work at the current PDL. He cannot and restricted duties are not apparently available. He had demonstrated the same behaviors on the two FCEs. These reduced efforts are reported by the examiners to be due to the persistent painful wrist. The IRO reviewer is not sure that will improve with a work hardening program. The examining doctors addressed these issues. He appears to be motivated. There is no assurance that he will be able to resume his job after this as the intrinsic pathology remains. However, he is motivated and has a good outlook. The two-week trial on the Work Hardening program is medically justified.

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)