P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 12/20/2010

IRO CASE #:

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

This case was reviewed by a Chiropractor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional 120 hours of work hardening

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Submitted medical records were reviewed in their entirety.
- Treatment guidelines were provided to the IRO.
- November 16, 2010 report and prescription from Dr.
- November 18, 2010 through December 8, 2010 utilization review reports
- November 4, 2010 psychosocial progress update LCSW
- November 9, 2010 work hardening progress report, unsigned
- December 13, 2010, November 12, 2010, and a dated documents from

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an industrial injury on xx/xx/xx. The patient is status post carpal tunnel release. She is also status post left deQuervain's release on September 10, 2010.

A November 4, 2010 psychosocial progress update form notes that the patient has improved in many areas. The Beck Depression Inventory score had decreased to 23 from a pre-test score of 29. The Beck Anxiety Inventory score had reduced to 27 from a pretest score of 33. The report notes that the patient had recently completed her 40 approved hours in the work hardening program. She was compliant with her attendance. She estimated that she had improved about 50% since beginning all treatment for her pain. This is up from the 40% improvement that she estimated before beginning work hardening.

A November 9, 2010 work hardening progress report notes that the initial ability compared to the job physical demand level was initially 43.62% and is now 61.22%. Since the initial functional capacity evaluation she demonstrated a total of 42% improvement

with both hands on keyboard performance, and between 12 and 92% improvement on other measures involving the bilateral upper extremities.

The patient was seen on November 16, 2010 for a consultation. Examination findings included decreased muscle strength and abnormal active left wrist range of motion. The report notes that the patient has emotional distress, frustration, depression, anxiety, irritability, restlessness, and onset of new panic attacks. The physician prescribed 120 hours of work hardening.

A November 18, 2010 utilization review report notes that the patient had reportedly made significant levels of improvement. However, the reviewer noted that the patient could be released to work and slowly advanced as to job duties required, including typing, rather than additional sessions of work hardening.

The request was again reviewed on December 8, 2010. This report notes that the patient has had limited benefit from work hardening. Although it was reported that she can now endure 15 minutes of typing with breaks totaling one hour, she is required to be capable of typing for 8 hours. Her physician had noted that her wrist strength is poor graded +2/5, and she has bilateral pain with abnormal motion secondary to repetitive activity. The reviewer provided an opinion that the claimant does not appear capable of achieving the current goals of the program. The minimal improvement with continued pain and objective dysfunction with attempts at repetitive activities indicated a poor probability for success.

A December 13, 2010 rationale for submittal to IRO notes that one of the reviewers indicated that the patient could be released to work. This is not a viable option for the patient's employer as the employer does not accommodate restrictions. The patient has improvement of 40 to 60%, which is excellent, especially considering the limited time that she was approved for of 40 hours. The report notes that it is reasonable to expect that she will reach 100% with an additional 80 to 120 hours of treatment as recommended by ODG. The patient has shown compliance and marked improvement.

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

The ODG guidelines allow for no more than 160 hours of work hardening. The patient has now completed 40 hours. The medical records demonstrate significant improvement in several areas including psychosocial measures and physical capacities. The records specifically document that the patient has demonstrated a total of 42% improvement utilizing both hands for keyboard performance. There is documentation of compliance and motivation. A response to a previous utilization review indicates that the employer will not accept work restrictions. Based on the submitted documentation, I agree that it is appropriate for the patient to continue with the prescribed work hardening program given that she has had a reasonably successful trial and has met the criteria in the ODG guidelines. Therefore, my determination is to overturn the previous determination for non-certification.

The IRO's decision is consistent with the following guidelines:

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

Official Disability Guidelines:
Forearm, Wrist, & Hand (Acute & Chronic)
Criteria for admission to a Work Hardening (WH) Program:

Trial: Treatment is not supported for longer than 1-2 weeks without evidence of patient 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 patient's physical and functional activities performed in the program should be included as an assessment of progress.

Program timelines: These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.