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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient work hardening program (WHP) times eighty (80) hours as it relates to the right wrist

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D. Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
emergency room report
Records of Dr. 08/10/10, 08/17/10, 08/18/10, 09/08/10
08/17/10 CT right wrist report
Records of Dr. 09/15/10, 10/04/10
11/16/10 MRI right wrist report
12/02/10 electromyography report
Physical therapy notes
Chiropractic notes
Records of Dr. 12/27/10
Records of Dr. 03/08/11
Records of Dr. 03/23/11, 04/27/11, 05/25/11
Records of Dr. 04/04/11
Behavioral assessment 05/03/11, 05/17/11
05/16/11 FCE
05/23/11, MS, assessment
Peer reviews 05/27/11, 06/17/11
06/09/11 assessment.

PATIENT CLINICAL HISTORY SUMMARY
This is a male with a date of injury of xx/xx/xx when a door shut on his right wrist. The claimant worked as a xx. The job is of a very heavy level of demand. The diagnosis was right wrist sprain. The CT of the right wrist from 08/17/10 showed no acute bony injury or acute abnormalities of the right wrist. The MRI of the right wrist from 11/16/10 was negative. The 12/02/10 electromyography showed fibrillations in the right abductor pollicis brevis and right

flexor carpi radialis. These abnormalities suggest a C8 or T1 radiculopathy on the right. It was considered abnormal because of prolonged sensory latency with stimulation of the right radial, ulnar and median nerves and prolonged motor latency with stimulation of the right median nerve indicating probable trauma or entrapment of the right radial, ulnar and median nerves at the wrist. The slowing in the right median nerve between elbow and wrist indicated probable trauma or entrapment of this nerve at the forearm. Further clinical correlation was recommended. The functional capacity evaluation of 05/16/11 placed the claimant at light medium physical demand work. The 05/17/11 behavioral assessment recommended a work hardening program. Dr. saw the claimant on 05/25/11. The examination revealed minimal edema to the right wrist and positive dorsal and ventral point tenderness.

Flexion was to 30 degrees and extension was to 20 degrees. Fist formation was somewhat weak due to pain. The diagnosis was right wrist sprain strain. Recommendations were for medication and a work hardening program. On 06/09/11, the reconsideration note for the work hardening program noted that the claimant was highly motivated to keep his job, was not working with use of the right upper extremity but was working, and was not capable of performing household chores or yard work. The claimant has been treated with 12 physical therapy visits, bracing and medication. A work hardening program for 80 hours has been requested.

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

Based on evidence based medicine and the Official Disability Guidelines, this reviewer cannot recommend the work hardening program as medically necessary at this time. The claimant appears to have psychosocial issues which are negatively impacting the situation and he has perceived disabilities and reported symptomatology to include moderate depression and anxiety. Official Disability Guidelines Criteria for admission to a Work Hardening (WH) Program have not been satisfied. The reviewer finds no medical necessity at this time for Outpatient work hardening program (WHP) times eighty (80) hours as it relates to the right wrist.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, Chapter forearm, wrist and hand – work hardening/conditioning

Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. (Schonstein-Cochrane, 2003) There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. (Karjalainen, 2003) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. (CARF, 2006) (Washington, 2006) There is limited, but high quality, evidence that multi-disciplinary rehabilitation for non-specific musculoskeletal arm pain was beneficial for those workers absent from work for at least four weeks. (Dick, 2010) For more information and references, see the Low Back Chapter.

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

[X] 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)