



IRO# 5356
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DATE OF REVIEW: 03/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning 5xWk x 2 Wks

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

This case was reviewed by a Texas licensed DO, specializing in Family Medicine, Preventive Medicine/Occupational Medicine. The physician advisor has the following additional qualifications, if applicable:

ABMS, AOA Family Medicine, Preventive Medicine: Occupational Medicine

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Work Conditioning 5xWk x 2 Wks	97545, 97546	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request		16	02/23/2011	02/23/2011
2	Designated Doctor Report		6	10/16/2010	10/16/2010
3	FCE Report		28	10/19/2010	01/13/2011
4	Office Visit Report		4	11/15/2010	12/20/2010
5	Office Visit Report		3	01/24/2011	01/24/2011
6	Office Visit Report		5	09/09/2010	09/09/2010
7	Office Visit Report		8	08/18/2010	02/02/2011
8	Initial Request		7	11/24/2010	02/08/2011
9	Psych Evaluation		5	11/19/2010	11/19/2010

10	Office Visit Report		3	01/17/2011	01/17/2011
11	Initial Request		1	02/24/2011	02/24/2011
12	Denial Letter		6	01/21/2011	02/16/2011
13	UR Standards		4	02/24/2011	02/24/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male. It was reported that a hose got away from an individual, who was using it to spray, and it struck the claimant on the left elbow. On 08/18/10, he saw, Dr. He indicated that the claimant had been first seen at an emergency room (ER) where x-rays were taken. These apparently were negative and he was provided medications and released. He was now following up for care and complained of ongoing pain. It was reported that he had flexion of 120-degrees with a 10-degree extension lag. He reportedly had scarring in the area of the ulnar groove. He had a positive Tinel's sign. Dr. diagnosed a left elbow crush injury, left elbow derangement and left elbow ulnar neuropathy. He was going to order a MRI and electrodiagnostic testing. On 09/09/10, he saw, PA for, MD. He was prescribed Vicodin, Naproxen, Ambien and some sort of gel. On 10/16/10, he was evaluated by MD, who was chosen to be the designated doctor (DD). He reported that the claimant had been treated with physical therapy and injection. He reported that an electrodiagnostic test had been accomplished on 09/13/10 and was consistent with ulnar neuropathy with superimposed distal sensorial motor polyneuropathy. It was the DD's opinion that the claimant had reached maximum medical improvement (MMI) and he assigned a 6% whole person impairment. On 11/10/10, he followed up with Dr.. It was reported that the claimant had not been scheduled to see Dr.. He was now scheduled. It was reported that he never followed back with Dr.. Dr. is a surgeon. He noted the claimant had been placed at MMI despite having ongoing pain. Dr. stated that he wanted to continue forward with a comprehensive chronic pain program. On 11/15/10, he saw, MD. Dr. prescribed Hydrocodone, as well as Elavil. He also prescribed Naprosyn. He placed the claimant in an off work status. He wanted a mental health evaluation. On 11/19/10, he underwent a behavioral evaluation. It was reported that the claimant had symptoms of depression and anxiety. It was recommended by, MA, LPC that the claimant participate in a chronic pain program. On 11/24/10, a preauthorization request for a chronic pain program was submitted by Dr.. The program however, was not preauthorized and on 12/15/10, a request for reconsideration was submitted. It was stated that the individual required services that were only available in a chronic pain management program in order to address the psychological component, achieve clinical MMI and return to employment. On 12/20/10, he saw Dr.. He was again prescribed Hydrocodone, Elavil and Naprosyn. It was noted that he was pending approval of a chronic pain management program. He was placed in a complete off work status. He was to return to the clinic in one month. On 01/13/11, a functional capacity evaluation (FCE) was accomplished. It was reported that the claimant's occupational demand required a heavy physical demand capacity. However, there was no reference of a job description from his employer that would substantiate this statement. After the testing it was stated that he was functioning in a medium capacity. It was reported that he passed the validity criteria and gave maximum effort. During the testing, it was reported that he complained of moderate left elbow pain. On 01/17/11, a request for a work-conditioning program was submitted. It was now stated that the psychotherapist had assessed the claimant and determined that a work-conditioning program was indicated. On 01/21/11, documentation from Insurance Company was published concerning the preauthorization request. The request was denied. It was noted that no documentation had been forwarded concerning the claimant's therapy history. It was noted that the request was for a total of 80-hours; whereas, the Official Disability Guidelines (ODG) recommends a total of no more than 30-hours. It was noted that the claimant's functional deficits did not warrant going outside of guideline recommendations. On 01/24/11, he was seen by, MD. He indicated that the claimant was pending a chronic pain management program. He prescribed Naproxen, Amitriptyline and Hydrocodone. He kept the claimant in an off work status. On 02/02/11, he followed up with Dr.. Dr. stated that the claimant was still pending approval to move forward with a comprehensive chronic pain program. He reported that his pain in the elbow continued. On 02/04/11, a request for reconsideration of the work-conditioning program for 80-hours was submitted. The request indicated that the claimant had a functional deficit in that he needed to function at the heavy physical demand capacity, but was currently functioning at the medium. It was indicated that the claimant demonstrated good compliance throughout the course of care and he had responded favorably, making him a proper candidate for work-conditioning. It stated the claimant would be returning to his previous employer in the same position. On 02/16/11, the request was denied. It was again noted that the request was for 80-hours, which exceeded the guideline recommendations. It was stated that there was no evidence that the remaining deficits could not be addressed by a home exercise program. This is an IRO request for Work Conditioning.

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

According to the ODG, work-conditioning amounts to an additional series of intensive physical therapy visits that are required beyond a normal course of physical therapy. The primary purpose is for exercise training and supervision. The guidelines state that this would be contraindicated if there were already significant psychosocial, drug or attitudinal barriers to recovery that would not be addressed by these programs. Interestingly, the records provided, documented that the claimant had psychological barriers to recovery. In fact, at one time a chronic pain management program was recommended by these providers and it was stated that the services rendered could only be obtained in a chronic pain management program. As such, there appears to be some discrepancy with the consistency of the documentation from the providers requesting the services. Additionally, the records did not include a specific job description. It was claimed that the individual's job required a heavy physical demand capacity, but there was no job description provided indicating exactly what he was required to do at the workplace. As such, I cannot confirm that a significant work ability/job requirement mismatch is present. Additionally, if the claimant's job is heavy and he is currently functioning in the medium, the continuation of home exercises along with return to the workplace would actually be a superior conditioning program than anything that could be accomplished in the clinic. I also note that the documentation indicates that the claimant continues to complain of at least a moderate level of pain. I would have to ask then, would this level of pain interfere with aggressive physical therapy? Remember, work conditioning is an extension of physical therapy just at an increased level, at least according to the ODG. Finally, the requested program exceeds the ODG recommendations of 10-visits over a four week period of time with the equivalent of up to 30-hours. As such, considering all factors, I would have to recommend an adverse determination. The prior denials are appropriate and upheld.

ODG Work Conditioning (WC) Physical Therapy Guidelines

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also [Physical therapy](#) for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work

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)**

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with 28 TAC §12.206(d)(19), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on .