

# Wren Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/21/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work conditioning x 10 sessions

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in Pain Management  
Board Certified in Electrodiagnostic Medicine

**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**

CMS 2/3/11, 1/21/11  
ODG, Work conditioning, work hardening guidelines  
Disability Evaluating Center. 11/10/10  
Solutions 1/21/11, 2/1/11  
Rehabilitation Center 1/18/11 to 1/26/11  
Healthcare Systems 12/29/10  
Medical Group 5/12/10 to 9/14/10  
12/8/10  
10/7/10 to 10/26/10  
M.D. 10/13/10  
Worker's Comp Progress Note 5/14/10 to 9/18/10  
MVA/PIP Progress Note 9/10/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman reportedly hurt in a fall on xx/xx/xx. She reportedly injured her right shoulder, elbow, knees, hands and cheeks. She complained of cervical pain. Several hand written notes describe her as having cervical pain associated with strains and contusions. Her MRI showed degenerative changes and multiple disc protrusions throughout the cervical spine. She had a peripheral neuropathy and a right C6 (abnormal spontaneous activity) in the right upper extremity. She had an FCE and was found to be at less than sedentary level. She had a Designated Doctor exam and was found to be at MMI with a 4% impairment on 10/26/10 for her shoulder.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

### **AND CONCLUSIONS USED TO SUPPORT THE DECISION**

Work conditioning programs are designed to be more intense than physical therapy. Dr. has described a program that "will focus on increasing ROM of the cervical spine, right shoulder, bilateral hands, increase lifting by 20 lbs from the floor and waist and 15 lbs overhead." The handwritten progress notes discuss referring to PMR. However, in the material presented, there are no physical therapy notes beyond the FCE. The patient's response to PT in the past is not included. It is unclear from the records if there are any psychological issues to be addressed. This was not commented upon. The patient's neck pain did not develop until 2 weeks post fall. There is a lack of documentation to explain this. If the patient has not been in a therapy program, there are no details as to why she did not progress. Without this key information, the ODG criteria has not been satisfied. The reviewer finds no medical necessity at this time for Work conditioning x 10 sessions.

### **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)