

SENT VIA EMAIL OR FAX ON
May/10/2011

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning X 80 hours

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

Board Certified Family Practice

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

1. Cover sheet and working documents
2. Utilization review determination dated 03/25/11, 04/22/11
3. Preauthorization request dated 03/22/11
4. Peer review dated 01/19/10
5. Functional capacity assessment dated 03/21/11
6. IRO report dated 02/14/11
7. Request for reconsideration dated 04/18/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient sustained a laceration of the lower left leg when a weed eater blade went through his left calf. Peer review dated 01/19/10 indicates that treatment to date includes x-rays, physical therapy x 10 and medication management. The patient was previously placed at MMI by a designated doctor as of 06/25/09 with 10% whole person impairment. Diagnosis is left lateral calf laceration, with 2 puncture wounds, status post irrigation and washout with simple wound closure. The claimant has had prolonged medical treatment for a calf laceration that was sutured on the date of injury. There is no additional treatment reasonably required as related to the work event. Functional capacity evaluation dated 03/21/11 indicates that required PDL is heavy and current PDL is light-medium. Previous requests for chronic pain management program and work hardening were non-certified.

Initial request for work conditioning x 80 hours was non-certified on 03/25/11 noting that the patient's injury was limited to a laceration. The denial was upheld on appeal dated 04/22/11 noting that the patient was determined to be at MMI in 2009, and it is unclear why it took him so long to return to work or to request a work conditioning program. It is unclear if the patient

has a job to return to.

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

Based on the clinical information provided, the request for work conditioning x 80 hours is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained a laceration to the left lateral calf in xx/xxxx. The patient was placed at MMI by a designated doctor in June 2009. Peer review dated 01/19/10 reports that the injury has resolved and no further treatment is reasonable and necessary. There is no comprehensive assessment of the patient's objective, functional response to treatment completed to date submitted for review. It is unclear if the patient has a job to return to at this time. Given the current clinical data, the request for work conditioning is not indicated as medically necessary, and the two previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES