

# I-Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** October/08/2011

**IRO CASE #:**

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

Left Hand Work Conditioning, five times a week for two weeks

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

M.D., Board Certified Physical Medicine and Rehabilitation

**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**

Official Disability Guidelines

Notification of reconsideration determination 08/29/11 regarding non-certification appeal work conditioning five times a week times two weeks left hand

Notification of adverse determination 07/25/11 regarding non-certification work conditioning five times a week times two weeks left hand

Office notes Dr. 03/23/11 through 09/14/11

Functional capacity evaluation 08/18/11

Physical therapy initial evaluation and daily progress notes

Follow up orthopedic evaluation Dr. 06/23/11

Prescription continued physical therapy Dr. 06/23/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male whose date of injury is xx/xx/xxxx. He was underneath an truck when a piece of metal fell on his left hand onto the floor. He sustained a left fifth metacarpal fracture. He underwent closed reduction with percutaneous pinning on 03/23/11 with subsequent removal of surgical pin. He participated in a course of post-operative physical therapy. A functional capacity evaluation was performed on 08/18/11, which noted that he was capable of assuming the position in the heavy strength category. His maximum lifting capacity is 90 pounds and his maximum carrying capacity is 50 pounds. According to the Dictionary of Occupational Titles, the heavy strength category is defined as having the ability to lift 50-100 pounds and carry 25-50 pounds. However it was noted in order for the injured employee to successfully return to work in the heavy strength category the following job factor restrictions must be met: no tip pinching with the left hand.

A utilization review determination dated 07/25/11 recommended non-certification of work conditioning five times a week times two weeks to the left hand. It was noted that the documentation indicates the injured employee sustained a fracture to the fifth metacarpal of the left hand and underwent closed reduction with percutaneous pinning and subsequent removal of surgical pin. Per medical note dated 06/28/11 the injured employee was reported

to have limited range of motion and motor weakness in the left hand. The UR nurse's clinical summary states that the injured employee completed 30 physical therapy visits. Progress notes that elaborate on the functional response to the rendered physical therapy were not available for review. There was also no baseline evaluation of functional capacity for this patient. There was no evidence of a valid mismatch between specific essential job tasks and the injured employee's ability to perform these required tasks. Lastly a specific return to work goal or job plan had not been established.

A utilization review determination dated 08/29/11 recommended non-certification of reconsideration/appeal request for work conditioning five times a week for two weeks to the left hand. It was noted that the records indicate there was an adverse determination of a previous review due to lack of documentation of functional response to rendered physical therapy, a baseline evaluation of functional capacity, evidence of a valid mismatch between specific essential job tasks and the injured employee's ability to perform these required tasks, and a specific return to work goal or job plan. There is now documentation that the injured employee experiences left hand pain with a VAS score of 6/10. On physical examination there is 40 degrees of flexion and extension of the left hand with no note of erythema or edema, and with intact sensation. Treatment has included physical therapy. However there is no documentation that the injured employee requires an additional series of intensive physical therapy visits required beyond a normal course of physical therapy and no contraindications (significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). Therefore medical necessity of the request was not established and has not been substantiated.

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

After reviewing the submitted clinical data, the reviewer finds there is not a medical necessity for Left Hand Work Conditioning, five times a week for two weeks. The injured employee is noted to have sustained an injury to the left little finger metacarpal on xx/xx/xxxx. He underwent closed reduction with percutaneous pinning on xx/xx/xxxx with subsequent removal of surgical pin on 04/28/11. The records reflect that the injured employee completed 30 visits of post-operative physical therapy with improvement. A functional capacity evaluation on 08/18/11 determined the injured employee was capable of assuming a position in the heavy strength category, but to successfully return to work in the heavy strength category job factor restrictions must be met with no tip pinching with the left hand. However the records indicate that the injured employee's left hand tip pinching capacity was seven pounds and the job requirement was eight pounds. Given this minimal discrepancy, the proposed work-conditioning program is not supported as medically necessary. There is no indication that the employer could not accommodate the proposed job restrictions regarding tip pinch of the left hand.

#### **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)