



Notice of Independent Review Decision

DATE OF REVIEW: 03/29/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 Hours Work Hardening (Right Wrist)

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

Board Certified in Physical Medicine & 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

80 Hours Work Hardening (Right Wrist) – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- DWC Form 73, M.D., 09/23/10
- Initial Evaluation, D.C., 09/28/10
- DWC Form 73, Dr., 09/28/10
- Initial Behavioral Medicine Consultation, Injury Clinic, 10/04/10
- Left Wrist MRI, M.D., 10/28/10
- Review, Orthopedic Clinic, 11/11/10
- DWC Form 73, Injury Clinic, 12/21/10, 07/11/11, 08/15/11, 09/04/11, 09/29/11
- Follow Up, Injury Clinic, Dr. & Dr., 09/29/11, 10/11/11
- History and Physical Work Hardening Program, Dr., 10/24/11
- Functional Capacity Evaluation (FCE), 01/16/12
- Contact with Employer, 01/30/12
- Multidisciplinary Work Hardening Plan & Goals of Treatment, Injury Clinic, 01/31/12
- History and Physical Work Hardening Program, Injury Clinic, 02/02/12
- Assessment for Work Hardening Program, Injury Clinic, 02/03/12
- Physical Rehabilitation Team, Injury Clinic, 02/03/12
- Work Hardening Program Pre-Authorization Request, Injury Clinic, 02/06/12
- Denial Letter, , 02/21/12, 03/05/12
- Reconsideration, Injury Clinic, 02/06/12
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The date of injury was listed as xx/xx/xx. The records available for review indicate that the patient developed difficulty with pain in the right hand when the claimant was attempting to pull a plastic tote filled with bubblegum off of a pallet. He was evaluated by Dr. at the Injury Clinic on 09/28/10. He was diagnosed with right carpal tunnel syndrome, a right wrist strain, and a possible internal derangement of the right wrist. A Behavioral Medicine Consultation was accomplished on 10/04/10. On that date it was documented that previous treatment had included plain x-rays of the affected body region, a "cortisone injection," physical therapy, and an electrodiagnostic assessment. After that assessment was completed, it was felt that the patient would benefit from treatment in the form of individual psychotherapeutic intervention. An MRI scan of the left wrist was accomplished on 10/28/10. This study revealed no abnormalities to be present. A document was available for review from Dr. dated 11/11/10. It was indicated that an electrodiagnostic assessment of the affected upper extremity had been accomplished. The study revealed that assessment was consistent with a possible carpal tunnel syndrome in the affected upper extremity. The official electrodiagnostic assessment report is not available for review. The patient was evaluated by Dr. on 09/29/11. On that date, the patient was with symptoms of pain in the right wrist. It was noted that he underwent a right carpal tunnel release on 06/30/11. It was felt that he was capable of light duty work activities. The patient received an evaluation with Dr. at the Injury Clinic on 10/11/11. It was recommended that the patient receive access to

treatment in the form of eight sessions of physical therapy. Dr. evaluated the patient on 10/24/11. It was documented that there were symptoms of pain in the right wrist region. This physician recommended treatment in the form of a work hardening program. A Functional Capacity Evaluation was accomplished on 01/16/12. This study disclosed that the patient was capable of sedentary work activities. It was felt that he would benefit from treatment in the form of an 80-hour work hardening program. Dr. assessed the patient on 02/02/12. It was documented that he was on the following prescription medications: Tramadol.

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

The date of injury is approaching two years in age. It is documented that the patient underwent a right carpal tunnel release on 06/30/11, although an official operative report was not presently available for review. Based upon the medical records available for review, Official Disability Guidelines (ODG) would not support a medical necessity for treatment in the form of a work hardening program for the described medical situation. Documentation presently available for review does not provide detailed data with respect to a specific defined return to work goal or job. The records available for review would appear to indicate that the patient does not plan to return to the pre-injury place of employment. Additionally, the above-noted reference would not support a medical necessity for a work hardening program in this specific case, as there does not appear to be a definitive objective pathological condition referable to the right upper extremity which would warrant such an extensive program. Per criteria set forth by the above-noted reference, there must be a documented musculoskeletal condition present to support the medical necessity for such an extensive program. In this specific case, the records available for review do not provide any documentation to indicate the presence of a significant medical condition/musculoskeletal condition that would warrant a medical necessity for such an extensive program. Thus, based upon the medical records presently available for review, the ODG does not support a medical necessity for an extensive program such as a work hardening program in this specific case.

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**