

# Pure Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Dec/17/2012

**IRO CASE #:**

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

Work Hardening X 80 hours / units

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

Anesthesiology/Pain Management

**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 medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Cover sheet and working documents  
Utilization review determination dated 11/15/12, 12/04/12  
Patient report of work duties dated 10/30/12  
Functional capacity evaluation dated 11/02/12  
Handwritten note dated 10/16/12  
Work hardening plan and goals of treatment dated 10/30/12  
Initial clinical interview and assessment dated 10/30/12  
Office visit note dated 07/18/12, 07/16/12, 07/13/12, 07/02/12, 06/29/12  
Reconsideration dated 11/27/12  
Work hardening program preauthorization request dated 11/12/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped on the floor and injured her right knee. Initial clinical interview and assessment dated 10/30/12 indicates that treatment to date includes MRI scan, 6 sessions of physical therapy and epidural steroid injection. Current medications are listed as Norvasc, Celebrex and Albuterol. BDI is 7 and BAI is 18. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic. Functional capacity evaluation dated 11/02/12 indicates that required PDL is medium and current PDL is sedentary. Work hardening program preauthorization request dated 11/12/12 indicates that the patient reports no improvement with physical therapy or epidural steroid injection.

Initial request for 80 hours of work hardening was non-certified on 11/15/12 noting that MRI of the knee showed myxoid degeneration of the medial meniscus but no tear. The claimant has been evaluated by an orthopedist who apparently felt that there was no tear. The functional capacity evaluation indicates that the patient was using crutches. It is unclear what pathology would require the continued use of crutches. If the claimant continues to use crutches, then the reviewer does not see how she would be able to participate in an intense program of rehabilitation like work hardening. It is also unclear that all lower levels of care had been completed in light of this situation. Reconsideration dated 11/27/12 indicates that the patient walks with an antalgic gait so she uses crutches and a knee brace. The goal of work hardening is for her to be off the crutches and knee brace if possible. The denial was upheld on appeal dated 12/04/12 noting that the claimant has been evaluated by an orthopedist who apparently felt that there was no tear. It is unclear what pathology would require the continued use of crutches. If the claimant continues to use crutches, then the reviewer does not see how she would be able to participate in an intense program of rehabilitation like work hardening. Thus, the request is inconsistent with ODG criterion which states "There is no evidence of other medical, behavioral or other comorbid conditions (including those that are non work-related) that prohibits participation in the program or contradicts successful return to work upon program completion.

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

Based on the clinical information provided, the request for work hardening x 80 hours/units is not recommended as medically necessary, and the two previous denials are upheld. The Official Disability Guidelines require documentation of an adequate trial of physical therapy with improvement followed by plateau. This patient has completed only 6 visits of physical therapy to date and reported no improvement. The patient is noted to be ambulating with the assistance of crutches at this time. As noted by the previous reviewers, it is unclear what pathology would require the continued use of crutches. If the claimant continues to use crutches, it is unclear how she would be able to participate in an intense program of rehabilitation like work hardening. There is no specific, defined return to work goal provided as required by the Official Disability Guidelines.

**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**