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Notice of Independent Review Decision

DATE OF REVIEW: January 26, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program and PT Evaluation. CPT Codes: 97545, 97546 and 97001.

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

General and Forensic Psychiatrist
Board Certified by the American Board of Psychiatry and Neurology

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)

PATIENT CLINICAL HISTORY:

The service in question is for a work hardening program and physical therapy evaluation. The review outcome is overturned.

The patient had an injury to her thumb on xx/xx/xx. She subsequently underwent surgical correction. The type is not specified in the submitted documentation.

The patient underwent postoperative physical therapy on xxxx. The number of sessions is documented differently; at one place it indicates nine sessions, another place it indicates twelve sessions, and then another place it indicates that the patient had exhausted the ODG Guidelines for

outpatient physical therapy for the thumb. The patient had made some modest gains in physical therapy.

The patient was referred for work hardening. There was a work hardening evaluation completed. This included a physical examination from the physician, a functional capacity examination, psychological evaluation, and a request for work hardening. There were 80 hours submitted. On the psychological evaluation, the patient had a score of 1 on the Beck Anxiety and Beck Depression Inventories, but she had a score of 40 on the Fear-Avoidance Beliefs Questionnaire for work and a score of 16 for general activity.

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

This case is difficult to review as the specific nature of the surgical intervention is not included in the documentation submitted. The number of physical therapy sessions that has been completed is documented differently in different submitted paperwork. The reviewer is presuming that the patient has exhausted the typical post surgical physical therapy for the procedure that was completed for her thumb. If this has not occurred, additional physical therapy would be indicated prior to engaging in a work hardening program. However, presuming that physical therapy was exhausted, per the ODG, the patient appears to meet criteria for admission to a work hardening program. While the patient may not be endorsing significant anxiety and depressive symptoms, she does have fear avoidance which may not be adequately reflected in the Beck Depression and Beck Anxiety Inventories, which are surveys for depression and anxiety symptoms.

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

- ACOEM- AMERICAN 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)