

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Addtl. Work Hardening Program x10 Sessions: 80 Hours

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

ODG-TWC Treatment Guidelines

11/21/11, 12/07/11

Progress notes 12/07/11, 11/09/11, 10/12/11, 09/12/11, 08/12/11, 07/15/11

Handwritten notes 06/10/11, 05/19/10, 05/09/11, 03/23/11, 02/11/11, 12/29/10

Initial medical report 03/03/10

Behavioral health evaluation update /26/11

Orthopedic reports 06/02/11, 04/21/11, 03/22/11, 01/25/11, 12/20/10

Video ENG report 02/14/11

MRI right shoulder 08/06/10

Radiographic report 08/06/10

EMG/NCV 06/22/10

MRI cervical spine 03/31/10

Functional capacity evaluation 05/31/11

Operative report 03/16/11

Office visit note 05/26/11, 04/05/11

Functional restoration program summary 10/26/11

Collaborative report for medical necessity of work hardening program, additional 10 sessions dated 11/11/11

PATIENT CLINICAL HISTORY SUMMARY

This man was involved in a rollover motor vehicle accident in xxxx. During the accident he struck his face/eye on either the steering wheel or dash. He was suspended upside down in the seatbelt until he was extricated from the vehicle with the jaws-of-life. The patient sustained a fracture of the left orbital floor. He underwent surgery to repair his orbital fracture and stayed in the hospital for 2 days. The patient also had neck pain, bilateral shoulder pain, recurring headaches, right wrist pain and left knee stiffness. He has been treated with

physical therapy, surgical repair of orbital fracture, diagnostic testing, medication management, and right shoulder arthroscopy on 03/16/11 followed by 24 postoperative physical therapy sessions. FCE from 05/31/11 shows current PDL is medium and required PDL is medium. Behavioral health evaluation update dated 10/26/11 indicates that the patient has completed 10 sessions of work hardening. The patient reports that the only remaining area with significant pain is his right shoulder and arm. HAM-D decreased from 17 to 10 and HAM-A from 18 to 16. FABQ-W increased from 13/24 to 16/24 and FABQ-PA increased from 26/42 to 35/42. Push increased from 53 to 70 lbs, carry from 40 to 60 lbs, floor to knuckle 45 to 60 lbs, floor to chest 35 to 55 lbs.

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

FCE dated 05/31/11 reports that this patient was capable of returning to work at medium physical demand level at that time, and the patient's required PDL for return to work is medium. 10 sessions of work hardening were completed and the patient reported on 10/26/11 that the only remaining area with significant pain is his right shoulder and arm. Given that the patient has already met his required physical demand level for return to work, there is no clear rationale provided to support continued work hardening program at this time. The reviewer finds no medical necessity for Addtl. Work Hardening Program x10 Sessions: 80 Hours.

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)