

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/01/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 Days (5 days a week for 2 weeks, 4 hours per day) of Work Conditioning Program

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

M.D., Board Certified Pain Medicine

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

Request for IRO dated 05/15/12

Utilization review determination dated 05/01/12

Utilization review determination dated 05/11/12

MRI right hand dated 04/10/12

Progress note Dr., D.C.

Clinic note Dr. dated 04/18/12

Functional capacity evaluation dated 02/24/12

Letter of reconsideration dated 05/03/12

PATIENT CLINICAL HISTORY SUMMARY

This case involves a male who on xx/xx/xx was injured in an altercation with an inmate. He reported that he was attacked by an inmate and struck in the face and abdomen numerous times before falling to a concrete floor. As he fell to the floor he was holding the man's shirt with his closed right hand and developed immediate pain in his right hand. MRI of right hand dated 04/10/12 shows evidence of contusion. There is no evidence of fracture. The claimant was seen by D.C. on 04/17/12. He reported the patient continues to have pain in middle finger of right hand graded 3-4/10 aggravated with any strenuous lifting. He noted the claimant is employed as xx and requires heavy physical demand level. He references the claimant's functional capacity evaluation and recommends work conditioning program. On 04/18/12 the claimant saw Dr. . On physical examination he is 71 inches tall and weighs 256 lbs. He has swelling of dorsal aspect of hand, tenderness to palpation over dorsal aspect of metacarpals. He has tenderness to palpation over the web spaces. He has limitations in range of motion. He has flexion weakness of fingers and is diagnosed with sprain. The record contains a functional capacity evaluation dated 04/24/12. He is noted to require very heavy physical demand level. He currently is identified as performing at medium-heavy. Dr.

denied the request for work conditioning on 05/01/12. The request was denied a second time on 5/11/12. Dr. writes in his denial that this claimant could return to work if he wishes, and there was no indication for work conditioning. The data indicates the injured hand is stronger than the uninjured hand. A peer-to-peer consultation performed with Dr., D.C. reported work conditioning is requested because claimant has hand pain and lacks range of motion in hand. Dr. reports that based on functional capacity evaluation results the claimant should be able to perform work duties.

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

This man sustained injuries as a result of an altercation with an inmate. He has undergone a course of conservative treatment and his functional capacity evaluation reflects his ability to work at medium to heavy physical demand level. There is no indication that he has a deficit to the extent that work conditioning would prove to be of benefit. The records submitted demonstrate that this man is at a pre-injury state and could return to work based on his functional capacity evaluation. Therefore, the reviewer finds 10 Days (5 days a week for 2 weeks, 4 hours per day) of Work Conditioning Program are not medically necessary. The criteria for work conditioning as detailed in the Official Disability Guidelines and Treatment Guidelines have not been met.

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)