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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: June/07/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Add'l Work Hardening Program x 10 Sessions for 8 hours per day

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Utilization review determination dated 04/20/12, 05/02/12
Handwritten re-evaluation form dated 03/27/12, 04/24/12
Progress note dated 10/21/11, 11/21/11, 01/23/12, 03/19/12, 06/15/11
Updated consultation dated 09/06/11
Job description for utility worker, undated
PPE dated 04/11/12
Functional capacity evaluation dated 03/15/12
Progress summary dated 04/17/12
Preauthorization request dated 03/21/12, 04/17/12

PATIENT CLINICAL HISTORY SUMMARY
The patient is a woman injured on xx/xx/xx. She was unloading a 100 lb pump when her hand was crushed against a truck. Treatment to date includes x-rays, MRI, physical therapy, surgery on the right hand/wrist, TENS unit, individual psychotherapy and medication management. Functional capacity evaluation dated 03/15/12 indicates that required PDL is heavy and current PDL is medium. Preauthorization request dated 03/21/12 states that the patient has previously completed 10 sessions of work hardening program. PPE dated 04/11/12 indicates that current PDL is medium. Progress summary dated 04/17/12 indicates that the patient has completed part of a work hardening program. BDI has decreased from 40 to 24 and BAI from 31 to 27. Pain level improved from 5-6/10 to 3-5/10.

The request for additional work hardening program x 10 sessions was denied on 04/20/12. A designated doctor evaluation performed on 03/02/12 determined that the patient is at clinical MMI as of 01/23/12 with a 9% IR; and that employee may RTW as of 02/03/12 to present with

permanent restrictions of no lifting, no carrying, no pushing, pulling with right hand. Per telephonic consultation with the requesting provider, he was not aware of the designated doctor evaluation or that he had given the patient permanent restrictions which would preclude her from any position requiring a heavy PDL. Despite completing 24-post op PT sessions and 80 hours of a work hardening program, the patient is still at a medium PDL. The denial was upheld on 05/02/12 noting that the patient has completed 20 sessions of work hardening. ODG allows for a max of 20 sessions in the requested program, which this claimant has already completed. The claimant has made sufficient progress to date to be able to perform a home program and return to modified work duties with a gradual return to full duty work status.

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

This patient has completed a work hardening program without significant progress. She remains at a medium physical demand level despite extensive postoperative physical therapy and work hardening program. The designated doctor determined on 3/2/12 that the patient reached MMI as of 01/23/12 with a 9% whole person impairment. The patient was provided permanent restrictions of no lifting, no carrying, no pushing, and no pulling with right hand. Therefore, the patient is precluded from working at a position that requires a heavy physical demand level. The reviewer finds medical necessity does not exist for Add'l Work Hardening Program x 10 Sessions for 8 hours per day.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)