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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97545 Work Hardening Program x80 Hours and 97546 Work Hardening Program Add-On

A 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that medical necessity is not indicated for the requested 97545 Work Hardening Program x80 Hours and 97546 Work Hardening Program Add-On

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 09/27/12
Utilization review determination dated 10/18/12
Employer's first report of injury or illness
Bona Fide job offer - temporary alternative duty, undated
Clinical records various dates
Physical therapy treatment records various dates
MRI of the lumbar spine dated 07/15/10
EMG/NCV study dated 07/23/10
Neuropsychological consultation dated 07/23/10
Physical performance test dated 08/05/10
MRI of the upper extremity dated 08/10/10
Clinical records various dates
Procedure report LESI dated 09/07/10
Clinical records functional capacity evaluation dated 09/28/10
MR arthrogram of the right wrist dated 11/04/10
Clinical records various dates
Procedure report LESI dated 12/07/10
Operative report right wrist dated 12/23/10

Physical performance evaluation dated 01/17/11
Lumbar epidural steroid injection dated 01/25/11
Functional abilities evaluation dated 04/04/11
TWC-69 form dated 06/27/11
Designated doctor's evaluation dated 07/05/11
Procedure report LESI dated 01/13/12
Radiographic report right wrist dated 01/19/12
Radiographic report right hand dated 01/19/12
MRI of the lumbar spine dated 01/23/12
Radiographic report lumbar spine dated 02/13/12
MRI of the lumbar spine dated 03/02/12
Psychological evaluation dated 04/10/12
Clinical evaluation
Radiographic report lumbar spine dated 09/05/12
Initial behavioral notes and consultation dated 09/12/12
Functional capacity evaluation dated 09/12/12
Work hardening plan and goals of treatment dated 09/13/12
Work hardening pre-authorization request dated 09/24/12
Reconsideration work hardening program request dated 10/11/12
IRO summary dated 10/31/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female . She was descending a ladder when she fell from the bottom rung while carrying a box. She developed injuries to her low back and right wrist. She was initially diagnosed with a right wrist sprain, contusion of the buttocks, and strain of the low back. The records indicate that the claimant underwent extensive conservative management for both her back and wrist. She is noted to have undergone 3 epidural steroid injections and physical therapy. She later underwent a TFCC repair by Dr. The claimant participated in post-surgical physical therapy sessions. The claimant was seen in consultation by on 09/06/12. She is noted to have progressively worsening back pain and bilateral lower extremity pain in a non-specific distribution. Her pain levels are reported to be 10/10; she has 50% back and 50% leg pain. Current medications include Celebrex, Tramadol, Amitriptyline, and Nexium. On physical examination she is 5'3" tall and weighs 185 lbs. She has full active range of motion, negative femoral stretch, and negative straight leg raise bilaterally. Motor exam reveals 5/5 strength in the bilateral lower extremities. She has decreased sensation to light touch in the bilateral lower legs and feet. She has diminished but symmetric bilateral patellar and Achilles reflexes. Radiographs are reported to indicate a grade I spondylolisthesis at L4-5 with a mild spondylolisthesis at L5-S1. Dr. reports that the claimant has failed conservative management and that her symptoms are progressively worsening. He recommends providing her the best opportunity to improve her level of symptoms and activity and to allow her to return to full-time work. He recommends a return-to-work program in hopes that she will be able to return to full-time unrestricted work.

The initial request was reviewed by Dr. Dr. notes that the claimant is reportedly working modified duty. She notes that the claimant either does or does not have surgically correctable pathology that will intervene with recovery. She notes that the claimant is a surgical candidate should occur either within or outside the claim. If not, she notes that there is no documentation from the surgeon that there is no surgically correctable pathology. She notes that there are discrepancies between functional capacity evaluations. A peer-to-peer was conducted and no additional information was provided which altered the recommendation. A subsequent appeal request was performed on 10/18/12 by Dr. Dr. notes inconsistencies between the functional capacity evaluations and notes that there is an issue of potential surgery. He notes that given the invalid results of the current functional capacity evaluation due to self-limitation, medical necessity for this level of care would not have been established and does not meet Official Disability Guidelines. In a peer-to-peer, the provider asserts that the patient is a candidate for treatment despite the potential for surgery because the lumbar diagnosis responsible for the surgical option was deemed non-compensable and surgery was denied by the carrier. As such, Dr. notes that there is now a pre-existing condition which would prevent or inhibit progress with such treatment and would need to be

addressed prior to the initiation of this level of care.

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

The submitted clinical records indicate that the claimant sustained an injury to the back and the wrist as a result of a slip-and-fall. The claimant was ultimately identified as having a TFCC tear and underwent surgical intervention. Postoperatively she is going to physical therapy and does not appear to have a significant level of residual dysfunction as a result. The claimant has been recommended to participate in a work hardening program from a lumbar spine perspective.

The claimant has been seen by a surgeon who was equivocal about future surgical intervention. In a peer review with Dr. which occurred during the appeal request, Dr. reports that the lumbar spine is not compensable. Therefore, based upon this data, the request for a work hardening program would not be medically necessary or related to the compensable incident and the recommendation by Dr. that this be treated and brought to a conclusion prior to reconsideration is appropriate. Therefore, it is the opinion of the reviewer that medical necessity is not indicated for the requested 97545 Work Hardening Program x80 Hours and 97546 Work Hardening Program Add-On.

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)