IRO NOTICE OF DECISION – WC

Notice of Independent Review Decision

[Date notice sent to all parties]: 9-18-12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening x 10 (97545, 97546)

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

Board Certified in Occupational Medicine, Diplomate American Board of Preventive 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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- 8-16-11 Physical Therapy Evaluation.
- 10-12-11 MD., office visit.
- 11-1-11 MD., office visit.
- 11-10-11 MD., Letter.
- 11-18-11 Functional Capacity Evaluation.
- 11-29-11 MD., office visit.
- 12-14-11 MRI of the right wrist performed by MD.
- 12-14-11 MRI of the lumbar spine performed by MD.
- 12-14-11 MRI of the right shoulder performed by MD.
- 12-21-11 MD., office visit.
- 1-16-12 MD., office visit.
- 1-18-12 MD., office visit.
- 1-30-12 MD., office visit.
- 2-15-12 MD., office visit.
- 2-15-12 MD., office visit.
- 2-20-12 MD., office visit.
- 2-27-12 MRI of the cervical spine performed by MD.
- 2-27-12 MD., office visit.
- 2-28-12 MD., surgery.
- 3-5-12 MD., office visit.
- 3-8-12 MD., office visit.
- 3-12-12 MD., office visit.
- 3-19-12 MD., office visit.
- 3-26-12 MD., office visit.
- 4-2-12 Physical Therapy Evaluation.
- 4-10-12 MD., office visit.
- 4-25-12 MD., office visit.
- 5-2-12 MD., office visit.

- 5-9-12 Physical Therapy Re-Evaluation.
- 5-17-12 MD., office visit.
- 6-6-12 The.
- 6-12-12 MD., office visit.
- 6-14-12 MD., office visit.
- Physical Therapy on 6-19-12, 6-20-12, 6-21-12.
- 6-20-12 MD., office visit.
- 7-6-12 Functional Capacity Evaluation.
- 7-9-12 Ph.D., office visit.
- 7-9-12 MD., office visit.
- 7-12-12 Pre-Authorization for Work Hardening Program, MD.
- 7-17-12 The.
- 8-14-12 MD., office visit.
- 8-15-12 MD., office visit.
- 8-23-12 Pre-Authorization for Work Hardening Program, MD.
- 8-28-12 The.

PATIENT CLINICAL HISTORY [SUMMARY]:

8-16-11 Physical Therapy Evaluation.

10-12-11 MD., the claimant complains of post-traumatic headaches and dizziness. Impression: Status post-traumatic probably whiplash injury, post-traumatic headaches and dizziness. Plan: Continue orthopedic care with Dr.. The evaluator will observe. No need for prophylactic pharmacologic treatment for her headaches or her positional dizziness. As a matter of fact, her Barany's test and rotatory chair testing was negative today. The evaluator will see her back in about a month from now and provide further recommendations for her management as he deems necessary. Should symptoms recur, the evaluator has advised the claimant to give him a call so he can evaluate her neurological condition again.

11-1-11 MD., the claimant comes today to this office complaining of pain in the neck with headaches, pain in the right wrist and the right knee with soreness in the entire right side of her body after a work related accident on xx/xx/xx. The claimant reports that she slipped and fell to the ground due to a puddle of water landing on her right knee and extending her right upper extremity on front trying to avoid the fall. The claimant claims that she hurt her head, neck, back, right knee, pubic area, right shoulder, right arm and hand. She has been under medical care where x-rays of the right wrist were obtained. She ignores the results.

Diagnosis: Cervical spine strain/sprain, lumbar spine strain/sprain, right shoulder strain/sprain, right wrist strain/sprain, right wrist tendonitis, right wrist median nerve injury, right knee contusion, right knee strain/sprain. Plan: The extent of the disability is unknown at this time. The claimant is advised to avoid non supervised activity of the areas injured. The current duties at work may aggravate this claimant's medical condition and therefore it is recommended that the claimant remains off work for four weeks. X-rays of the areas injured that include cervical spine, lumbar spine, the right shoulder and the right knee are requested. Discussion of the medical conditions identified in this claimant and the proposed treatment took place and all the questions were answered to the satisfaction of the claimant. Specifically is informed that the opinion of this evaluator is that the claimant presents with injuries occurred as a direct cause of her on the job accident on xx/xx/xx. The claimant was asymptomatic before that accident and therefore if any pre-existing condition exists, the on the job injury caused an enhancement, worsening such pre-existing condition to rise it to a level of new injury.

11-10-11 MD., the evaluator noted that job description provided appears to be suitable for the above stated claimant however it does not describe the time of the extended standing nor if it includes any lifting of the material. The claimant will be scheduled to undergo a Functional Capacity Evaluation (FCE) to identify her physical capabilities as well as the safe time she can remain standing after her right knee, pubis and lower back were injured. The FCE will be conducted next week as time allows to our team.

11-18-11 Functional Capacity Evaluation shows the claimant is functioning at a Sedentary PDL.

11-29-11 MD., the claimant is seen today for headaches and pain in right wrist, right shoulder and low back. The claimant reports "soreness and stiffness" in low back. She also reports pain level in wrist is a 5 (1-10 scale) states "it puffs up when I use it" and a 4 (1-10 scale) in the right shoulder. Diagnosis: Cervical sprain/strain, post concussion syndrome, right wrist fx head radius, closed, right wrist other bone of wrist, closed, lumbar disc displacement, lumbosacral sprain/strain, right shoulder sprain/strain, right shoulder impingement, right shoulder tendonitis, right knee sprain/strain, headache. Plan: MRI of right wrist, right shoulder and lumbar spine. The claimant was prescribed Naproxen. Follow up in 4 weeks.

12-14-11 MRI of the right wrist performed by MD., showed small interosseous cysts within the capitates, lunate and navicular of doubtful clinical significance. Otherwise, unremarkable MR appearance of the wrist.

12-14-11 MRI of the lumbar spine performed by MD., showed 1-2 mm focal left paracentral disc protrusion with annular fissuring at the L5-S1 level without

significant neural encroachment. 1-2 mm left asymmetric disc bulging at the L4-5 level which mildly narrows the left subarticular recess. No central spinal stenosis noted.

12-14-11 MRI of the right shoulder performed by MD., showed mild rotator cuff tendinosis without evidence of tear or tendinitis. Spurring along the inferolateral acromial margin which mildly narrows the lateral aspect of the supraspinatus outlet.

12-21-11 MD., the claimant is seen today for continued pain in right wrist, right shoulder and low back. The claimant reports "achiness and stiffness" in low back her pain level is a 6 (1-10 pain scale). She noted pain level in wrist is a 5 (1-10 scale) states she has a throbbing pain along the ulnar side of the right wrist. Pain has decreased in wrist and back as per claimant. She has "good days and bad days" she stated. Diagnosis: Cervical sprain/strain, post concussion syndrome, right wrist fx head radius, closed, right wrist other bone of wrist, closed, lumbar disc displacement, lumbosacral sprain/strain, right shoulder sprain/strain, right shoulder impingement, right shoulder tendonitis, right knee sprain/strain, headache. Plan: Refer claimant to Dr.. The claimant was prescribed Naproxen. Return to work with restrictions on DWC-73. Follow up in 4 weeks.

1-16-12, MD., the claimant complains of throbbing pain along the ulnar side of the right wrist. She apparently sustained a slip-and-fall injury on xx/xx/xx, while working for Company, and sustained an injury to the right wrist when attempting to stop the fall by putting her right arm out. She sustained a fracture to the right wrist which was treated by Dr.. She was also given a Kenalog injection by Dr. for a persistent ulnar side pain to the wrist. Assessment: Right carpal tunnel syndrome, right wrist ligament tear. Plan: The claimant was provided a Kenalog injection in the area of pain to help with the swelling, and provided an Orthe-Glass splint. She will need an arthrogram done of the right wrist to investigate the possibility of ligament damage.

1-18-12 MD., the claimant is seen today for continued pain in right wrist, right shoulder and low back. The claimant reports "achiness and stiffness" in low back her pain level is a 6 (1-10 pain scale). She noted pain level in wrist is a 5 (1-10 pain scale) states she has a throbbing “achy” pain. The right shoulder is also a 5 (1-10 pain scale) but the pain is intermittent and sharp. Diagnosis: Cervical sprain/strain, post concussion syndrome, right wrist fx head radius, closed, right wrist other bone of wrist, closed, lumbar disc displacement, lumbosacral sprain/strain, right shoulder sprain/strain, right shoulder impingement, right shoulder tendonitis, right knee sprain/strain, headache. Plan: On 1-16-12, the claimant was seen by Dr. who stated the Phalen, Tina, and compression tests were positive. His assessment was of right carpal tunnel syndrome, and right wrist ligament tear. The claimant was provided a Kenalog injection in the area of pain and the wrist was placed in an ortho-glass splint. He stated she will need an

arthogram done to the right wrist to investigate the possibility of ligament damage. The claimant is to continue under the care of surgeon and will be referred to a pain management specialist for the other areas injured. The claimant is to continue taking Naproxen.

1-30-12 MD., the claimant continues to complain of pain to the right wrist. Her initial injection helped her somewhat but the benefits have basically declined. She continues to complain of swelling along the 1st compartment of the right wrist. Physical Examination: The right wrist was examined. Finkelstein test is positive. There is swelling of the abductor pollicis longus and extensor pollicis brevis. Assessment: Right de Quervain syndrome. Plan: The claimant was provided an injection of Kenalog. She tolerated the injection well. She is to return to the office in 2 weeks or p.r.n. A short-arm splint was applied.

2-15-12 MD., the claimant is seen today for continued pain in right wrist, right shoulder and low back. The claimant reports "achiness" in low back her pain level is a 4-5 on VAS. She noted pain level in wrist is a 6 on VAS states she has a throbbing “achy” pain. She recently got an injection and a splint on her right hand. She stated the injection helped calm the pain. The right shoulder is a 5 on VAS and there is some "popping" the pain is intermittent and sharp. The claimant reports that she is not working because she was fired. Diagnosis: Cervical sprain-strain, post concussion syndrome, right wrist fx head radius, closed, right wrist other bone of wrist, closed, lumbar disc displacement, lumbosacral sprain/strain, right shoulder sprain/strain, right shoulder impingement, right shoulder tendonitis, right knee sprain/strain, headache. Plan: The claimant reports the right wrist arthrogram has been carried out but the report is not available nor is it mentioned on the visit with Dr. on 1-30-12. On 1-30-12, Dr. identified tendonitis and provided the claimant with a 2nd injection. The claimant was seen by Dr. today for her L-spine pain. Continue in the care of Dr.. Follow up when results of the right wrist arthogram are available or in 4 weeks.

2-15-12 MD., the evaluator has been asked by Dr. for a pain management consultation for the claimant. The claimant is presenting today with multiple injuries. The right wrist hurts her the most. She is seeing Dr. for the wrist. The pain in the lower back is a constant 5-10 sharp, ache and stiffness in the lower back. She denies any radicular symptoms or weakness. The pain is worse with sitting, standing and walking and activity. The pain in the neck is a constant 5-10 sharp pain in the posterior neck that radiates into the shoulders. She denies any weakness or numbness or tingling in the arms. The pain is worse with activity. The pain does wake her from sleep. She denies any previous injury to these areas. Assessment: Right shoulder pain, cervical and lumbar pain/sprain, right wrist fracture, knee sprain/pain, headaches, post concussive syndrome. Plan: Her neck and arm symptoms could be from injury to the disc or facets given her clinical examination and symptoms. The evaluator discussed different treatment options including injections, therapy and medications. She needs a MRI of the C

spine and brain if not done as well as would consider EMG-NCV of the BUE. She needs to continue her therapy with Dr.. Her low back symptoms are most likely related to the lower disc tear with reactive muscle spasms given her clinical examination and symptoms, and diagnostic studies. The evaluator discussed different treatment options including injections, therapy, and medications. She wants to wait on injection therapy. The claimant was prescribed Lidoderm Patch. She needs to continue her therapy. The evaluator will obtain Dr. notes. She is to return to clinic in four weeks for follow up.

2-20-12 MD., the claimant is in the office for evaluation of the right wrist. She continues to complain of pain to the right wrist. Physical Examination: The right wrist was examined. There is point tenderness to the 1st compartment with a positive Finkelstein test. Range of motion of the wrist is normal in flexion-extension, ulnar and radial deviation; however, radioulnar deviation elicits pain to the first compartment. Assessment: Right de Quervain syndrome. Plan: The claimant was provided a repeat injection of Kenalog. This will be the 3rd and last injection and a short-arm splint. The claimant is to return to the office in 2 weeks or p.r.n.

2-27-12 MRI of the cervical spine performed by MD., showed no compression fracture or spondylolisthesis. 2 mm right posterior paracentral disc bulge at C5-6 causing narrowing of the right anterior csf space and narrowing of the AP diameter of approximately 10%. 2 mm central disc protrusion at C6-7 with associated posterior annular tear.

2-27-12 MD., the claimant is in the office for evaluation of his wrist. Surgery has been approved. Physical Examination: The right wrist was examined. There is point tenderness along the first compartment of the right wrist with a positive Finkelstein test. Extremities: Right wrist consistent with right radial styloid tendonitis, tenosynovitis. Plan: Instructed on care provided. The claimant to return to the office in 2 weeks or p.r.n.

2-28-12 MD., preoperative diagnosis: Right radial styloid tendonitis-tenosynovitis and postoperative diagnosis: Right styloid tendonitis-tenosynovitis. Procedure: Release of A1 pulley and synovectomy of abductor pollicis longus and extensor pollicis brevis.

3-5-12 MD., the claimant is in the office for evaluation of her right wrist. She has had some throbbing to the base of the thumb. Physical Examination: The right wrist was examined. The wound is clean. There is no evidence of infection. There is still some residual swelling postsurgical. Assessment: Status post release of first compartment and synovectomy of abductor pollicis longus and extensor pollicis brevis. Plan: A short-arm splint was applied. The claimant is to return to the office in 2 weeks or p.r.n.

3-8-12 MD., the claimant is seen today for continued pain in right wrist, right shoulder and low back. The claimant reports intermittent pain in low back her pain level is a 1 on VAS she stated patches for pain were given to her and they help. She noted pain level in wrist is a 4 on VAS states she has a throbbing, achy pain and puffiness in the right wrist. She recently had surgery in right hand. The right shoulder is a 3 on VAS there is some "popping" the pain is intermittent and sharp. Diagnosis: Cervical sprain/strain, cervical spine disc displacement, cervical spine radiculitis, post concussion syndrome, right wrist fracture head radius, closed, right wrist fracture, carpal bone(s); closed, lumbar disc displacement, lumbosacral sprain/strain, right shoulder sprain/strain, right shoulder impingement, right shoulder tendonitis, right knee sprain/strain, headache. Plan: On 2-15-12, the claimant was evaluated by Dr. for a pain management consultation and he recommended an MRI of the C-spine and brain as well as an EMG-NCV of the bilateral upper extremities. MRI of the claimant's cervical spine was performed and the impressions were of a 2 mm right posterior paracentral disc bulge at CS- C6 causing narrowing of the right anterior CSF space. Also a 2 mm central disc protrusion at C6-7 with associated posterior annular tear. On 2-28-12, Dr. performed a release of A1 pulley and synovectomy of abductor pollicis longus and extensor pollicis brevis. The claimant had follow up with Dr. on 3-8-11. Report not available. Continue in consultation with Dr.. Continue in consultation with Dr.. Follow in 6 weeks.

3-12-12 MD., the claimant is in the office for evaluation of the right wrist. She states she is making progress. Physical Examination: The right wrist was examined. The wound was clean. There is no evidence of infection. A new thumb spicy splint was fabricated and applied. Assessment: Right de Quervain syndrome. Plan: Instruction and care provided. The claimant to return to the office in 2 weeks or p.r.n.

3-19-12 MD., the claimant neck and low back, right wrist and knee pain, headaches. Assessment: Right shoulder pain, cervical and lumbar pain/sprain, right wrist fracture, knee sprain/pain, headaches, post concussive syndrome. Plan: Her neck and arm symptoms could be from injury to the disc or facets given her clinical examination and symptoms. The evaluator discussed different treatment options including injections, therapy and medications. She needs to use the lidoderm every day and continue her therapy. If no change, consider injection therapy or EMG-NCV of the BUE. Her low back symptoms are most likely related to the lower disc tear with reactive muscle spasms given her clinical examination and symptoms, and diagnostic studies. The evaluator discussed different treatment options including injections, therapy, and medications. She wants to wait on injection therapy. She needs to use the lidoderm every day. If no change consider injection therapy. The claimant was prescribed Lidoderm Patch. She needs to continue her therapy. She is to return to clinic in four weeks for follow up.

3-26-12 MD., the claimant is making progress. Physical Examination: The right wrist was examined. The area of the Quervain was found to be healing well with no evidence of infection. Assessment: Status post release right de Quervain syndrome. Plan: Return to the office in 2 weeks or p.r.n.

4-2-12 Physical Therapy Evaluation.

4-10-12 MD., the claimant neck and low back, right wrist and knee pain, headaches. Assessment: Right shoulder pain, cervical and lumbar pain/sprain, right wrist fracture, knee sprain/pain, headaches, post concussive syndrome. Plan: Her neck and arm symptoms could be from injury to the disc or facets given her clinical examination and symptoms. The evaluator discussed different treatment options including injections, therapy and medications. She needs to use the lidoderm every day and continue her therapy as she is much better. If no change, consider injection therapy. Her low back symptoms are most likely related to the lower disc tear with reactive muscle spasms given her clinical examination and symptoms, and diagnostic studies. The evaluator discussed different treatment options including injections, therapy, and medications. She wants to wait on injections as her therapy is helping a lot. She needs to use the lidoderm every day. If no change, consider injection therapy. The claimant was prescribed Lidoderm Patch. She can ice massage the wrist. She is to return to clinic in eight weeks for follow up.

4-25-12 MD., the claimant is seen today for continued pain in right wrist, right shoulder and low back. The claimant reports intermittent pain in low back her pain level is a 1 on VAS she stated patches for pain were given to her and they help. She noted pain level in wrist is a 6 on VAS states she has a throbbing, achy pain and puffiness in the right wrist. She recently had surgery in right hand. The right shoulder is a 6 on VAS there is some "popping" the pain is intermittent and sharp. Prolonged sitting increases pain therefore she must shift positions constantly. Diagnosis: Cervical sprain/strain, cervical spine disc displacement, cervical spine radiculitis, post concussion syndrome, right wrist fracture head radius, closed, right wrist fracture, carpal bone(s); closed, lumbar disc displacement, lumbosacral sprain/strain, right shoulder sprain/strain, right shoulder impingement, right shoulder tendonitis, right knee sprain/strain, headache. Plan: On 3-26-12, the claimant had follow up with Dr. who recommended the claimant be evaluated to start her post-op rehabilitation. The claimant is currently in a rehab program for that. Continue in rehabilitation program for right wrist. Consultation with Dr.. Continue in consultation with Dr.. Follow in 4 weeks.

5-2-12 MD., the claimant is in the office for evaluation of the right wrist. Physical Examination: The right wrist was examined. The wound is clean. There is no evidence of infection. Plan: Continue with current treatment. Return to the office in 2 weeks or p.r.n.

5-9-12 Physical Therapy Re-Evaluation.

5-17-12 MD., the claimant is seen today for continued pain in right wrist, right shoulder and low back without change since last examination. The claimant reports intermittent pain in low back that increases upon movement especially when getting out of bed or with prolonged sitting. She rates her low back pain is an 8 on VAS. She stated that the patches for pain that were given to her by Dr. have helped. She noted her pain level in her right wrist is an 8 on VAS states she there is a throbbing, achy pain accompanied by puffiness on the radial side of the right wrist. Diagnosis: Cervical sprain/strain, cervical spine disc displacement, cervical spine radiculitis, post concussion syndrome, right wrist fracture head radius, closed, right wrist fracture, carpal bone(s); closed, lumbar disc displacement, lumbosacral sprain/strain, right shoulder sprain/strain, right shoulder impingement, right shoulder tendonitis, right knee sprain/strain, headache. Plan: The claimant is currently in a post- op rehabilitation program for her right wrist. If cervical and lumbar spine pain persists she will be referred back to Dr.. Continue in rehabilitation program for right wrist. Follow-up in 4 weeks.

6-6-12 The -Request for physical therapy-approved.

6-12-12 MD., the claimant has neck and low back, right wrist and knee pain, headaches. Assessment: Cervical and lumbar pain/sprain, right wrist pain, knee sprain/pain/contusion, headaches, post concussive syndrome (head trauma). Plan: Her neck and arm symptoms could be from injury to the disc or facets given her clinical examination and symptoms. The evaluator discussed different treatment options including injections, therapy and medications. She needs to use the lidoderm every day and continue her exercises. If no change consider injection therapy (medial branch blocks). Her low back symptoms are most likely related to the lower disc tear with reactive muscle spasms given her clinical examination and symptoms, and diagnostic studies. The evaluator discussed different treatment options including injections, therapy, and medications. She wants to wait on injections. She needs to use the lidoderm every day. If no change, consider injection therapy. The claimant was prescribed Lidoderm Patch. She can ice massage the wrist. She needs to see her PCP/Parkland for her general health. The evaluator will obtain the DDE report. She is to return to clinic in eight weeks for follow up.

6-14-12 MD., the claimant is in the office for evaluation of the right wrist. Physical Examination: The right wrist was examined. There is residual swelling in the abductor pollicis longus and extensor pollicis brevis. There is a negative Finkelstein. Assessment: Right de Quervain syndrome. Plan: The claimant was provided the instructions on care. She is to continue with anti-inflammatory agents. She is to return to the office in a month or p.r.n.

Physical Therapy from 6-19-12 through 6-21-12 (3 visits).

6-20-12 MD., the claimant is seen today for continued pain in right wrist, right shoulder and low back. She noted her pain level in her right wrist is a 7-8 on VAS. Claimant states there is a throbbing, sharp pain accompanied by stiffness on the radial side of the right wrist. The claimant reports pain low back that increases when prolonged standing or sitting. Diagnosis: Cervical sprain/strain, cervical spine disc displacement, cervical spine radiculitis, post concussion syndrome, right wrist fracture head radius, closed, right wrist fracture, carpal bone(s); closed, lumbar disc displacement, lumbosacral sprain/strain, right shoulder sprain/strain, right shoulder impingement, right shoulder tendonitis, right knee sprain/strain, headache. Plan: FCE to the completion of current physical rehabilitation. Consult with a psychologist. Place in a W.H. program.

7-6-12 Functional Capacity Evaluation shows the claimant is functioning at a Sedentary PDL.

7-9-12 Ph.D., the claimant presents for Psychological Evaluation. Diagnosis: Axis I: Pain disorder associated psychological factors and a general medical condition, chronic. Axis II: No diagnosis. Axis III: 847.0, 847.2, 844.0. 813.05. Axis IV: Moderate: Significant restriction in physical activities, unemployment, and financial strain. Axis V: GAF: 65 (current). Plan: The claimant is a good candidate for a comprehensive conditioning physical/aerobic program such us the work hardening program.

7-9-12 MD., the claimant has developed a nodule at the base of the right thumb. She complains of pain and triggering. Physical Examination: The right thumb was examined. There is a nodule at the base of the thumb along the A1 pulley. There is swelling of the flexor pollicis longus. Assessment: Trigger of the right thumb. Plan: The claimant is provided a Kenalog injection to the A1 pulley of the right thumb. She tolerated the injection well. She is to return to the office in 2 weeks or p.r.n.

7-12-12 Pre-Authorization for Work Hardening Program, MD., the evaluator noted that the claimant currently needs to begin work hardening program for safe return to full duty work without risk of re-injury due to de-conditioning, initial functional evaluation performed on 7-6-12 reveals that her requirement is medium at up to 45 lbs. as she works with heavy fabrics. Based on ODG, up to 10 days of Work Hardening program is recommended.

7-17-12 The -Request for Work Hardening-non certified. The reviewer spoke with Dr. on 7-17-12 at 9:52AM CT. Right shoulder MRI on 12/14/11 showed some mild tendonitis and no tear. There has not been any imaging of the right knee. The claimant is only taking Naprosyn. Dr. stated that the claimant has a job to return to and there is no light duty available. Recommend adverse determination. It is

not clear that the claimant has completed all appropriate treatments. The claimant has multiple pain complaints without evidence that all of those complaints have been adequately addressed. Treatment needs to be completed prior to consideration for a program of functional restoration. Moreover, it is not clear that the claimant would require a multidisciplinary program in light of the low scores on BDI/BAI and no significant medication use.

8-14-12 MD., the claimant presents today with multiple injuries. Since her last visit she is performing physical therapy on her wrist. Overall she is much better. There is still some swelling on the ulnar side of the right hand/wrist. The lower back pain is much better and not constant. It was an ache and stiffness in the lower back. She denies any radicular symptoms or weakness. The pain was worse with sitting, standing and walking and activity. The pain in the neck is much better and not the constant sharp pain as it was before. The lidoderm helps a lot. She denies any weakness or numbness or tingling in the arms. The pain is worse with activity. The pain did wake her from sleep. She denies any previous injury to these areas. She does not want any steroid injections. She had a DDE on 6-1-12. Assessment: Cervical and lumbar pain/sprain, right wrist pain, knee sprain/pain/contusion, headaches, post concussive syndrome (head trauma). Plan: Her neck and arm symptoms could be from injury to the disc or facets given her clinical examination and symptoms. The evaluator discussed different treatment options including injections, therapy and medications. She needs to use the lidoderm every day and continue her exercises. If no change consider injection therapy (medial branch blocks). Her low back symptoms are most likely related to the lower disc tear with reactive muscle spasms given her clinical examination and symptoms, and diagnostic studies. The evaluator discussed different treatment options including injections, therapy, and medications. She wants to wait on injections. She needs to use the lidoderm every day. If no change consider injection therapy. The claimant was prescribed Lidoderm Patch. She can ice massage the wrist. She needs to see her PCP/ for her general health. Note to Dr. - She will be seeing him tomorrow. She is to return to clinic in eight weeks for follow up.

8-15-12 MD., the claimant is seen today for continued pain in right wrist, right shoulder and low back. She noted her pain level in her right wrist is a 5 on VAS and is still hard to move properly, pain in neck and back not too bad she stated. The claimant informed us Dr. prescribed more patches. Specifically the claimant was asked about the right knee pain and disability. The claimant that the knee does not hurt but only pops every now and then. Diagnosis: Cervical sprain/strain, cervical spine disc displacement, cervical spine radiculitis, post concussion syndrome, right wrist fracture head radius, closed, right wrist fracture, carpal bone(s); closed, lumbar disc displacement, lumbosacral sprain/strain, right shoulder sprain/strain, right shoulder impingement, right shoulder tendonitis, right knee sprain/strain, headache. Plan: A note of denial for the claimant's Work Hardening program states the major reason for denial was the exclusion of the

right knee assessments. After a comprehensive medical examination of the right knee it is evidenced that the right knee is stable and does not require further instrumentation tests or further care. Place in a W.H. program. Follow up in 4 weeks.

8-23-12 Pre-Authorization for Work Hardening Program, MD., the evaluator noted that the claimant currently needs to begin work hardening program for safe return to full duty work without risk of re-injury due to de-conditioning. Initial functional Evaluation performed on 7-6-12 reveals that her requirement is medium at up to 45 lbs. as she works with heavy fabrics. Based on ODG up to 10 days of Work Hardening program is recommended. Prior request for work hardening was denied due to peer doctor stating that the right knee had not been completely assessed. The evaluator has performed a comprehensive examination on 8-15-12 of the right knee and it is stable. It does not require further diagnostic testing.

8-28-12 The -Request for Work Hardening-non certified. The reviewer recommended upholding the initial adverse determination. A multidisciplinary work hardening program is not supported for a patient with no significant elevated psychometrics - normal BAI/BDI- and no significant prescription medications use - patient is only using naproxen. There is also no documentation of essential job tasks that are employer verified and there is no affirmation from the employer that the patient has a job to RTW. The reviewer spoke with Dr. and the case was discussed at length on 8/27/12 at 1:15 pm cst. The main issue in this case is that there is no medical reason to pursue a work hardening program as opposed to a work conditioning program if there is documentation of essential job tasks and documentation of a specific job to RTW to that is employer verified. There should be documentation of employer-verified job demands and written documentation from the employer that the patient does have a job to RTW to and written essential job tasks.

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

Based on the records reviewed, the claimant's physical exam and diagnosis does not support a work hardening program. It is reported that the Beck Anxiety and Beck Depression indexes are normal. Additionally, there is no documentation of essential job duties and no affirmation from the claimant's employer that she has a job to return to. The clinical history does not suggest that the claimant would benefit from a work hardening program. Therefore, the request for Work Hardening x 10 (97545, 97546) is not reasonable or medically necessary.

Per ODG 2012 work hardening: Recommended as an option, depending on the availability of quality programs. [NOTE: See specific body part chapters for

detailed information on Work conditioning & work hardening.] See especially the Low Back Chapter, for more information and references. The Low Back WH & WC Criteria are copied below.

Criteria for admission to a Work Hardening (WH) Program:
(1) Prescription: The program has been recommended by a physician or nurse case manager, and a prescription has been provided.
(2) Screening Documentation: Approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following components: (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work; (b) Review of systems including other non work-related medical conditions; (c) Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury. Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a work hardening program. Development of the patient's program should reflect this assessment.
(3) Job demands: A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits).
(4) Functional capacity evaluations (FCEs): A valid FCE should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs.
(5) Previous PT: There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches.

(6) Rule out surgery: The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery).
(7) Healing: Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
(8) Other contraindications: There is no evidence of other medical, behavioral, or other comorbid conditions (including those that are non work-related) that prohibits participation in the program or contradicts successful return-to-work upon program completion.
(9) RTW plan: A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.
(10) Drug problems: There should be documentation that the claimant's medication regimen will not prohibit them from returning to work (either at their previous job or new employment). If this is the case, other treatment options may be required, for example a program focused on detoxification.
(11) Program documentation: The assessment and resultant treatment should be documented and be available to the employer, insurer, and other providers. There should documentation of the proposed benefit from the program (including functional, vocational, and psychological improvements) and the plans to undertake this improvement. The assessment should indicate that the program providers are familiar with the expectations of the planned job, including skills necessary. Evidence of this may include site visitation, videotapes or functional job descriptions.
(12) Further mental health evaluation: Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning.
(13) Supervision: Supervision is recommended under a physician, chiropractor, occupational therapist, or physical therapist with the appropriate education, training and experience. This clinician should provide on-site supervision of daily activities, and participate in the initial and final evaluations. They should design the treatment plan and be in charge of changes required. They are also in charge of direction of the staff.
(14) Trial: Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress.

(15) Concurrently working: The patient who has been released to work with specific restrictions may participate in the program while concurrently working in a restricted capacity, but the total number of daily hours should not exceed 8 per day while in treatment.
(16) Conferences: There should be evidence of routine staff conferencing regarding progress and plans for discharge. Daily treatment activity and response should be documented.
(17) Voc rehab: Vocational consultation should be available if this is indicated as a significant barrier. This would be required if the patient has no job to return to.
(18) Post-injury cap: The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two-years post injury generally do not improve from intensive work hardening programs. If the worker is greater than one-year post injury a comprehensive multidisciplinary program may be warranted if there is clinical suggestion of psychological barrier to recovery (but these more complex programs may also be justified as early as 8-12 weeks, see Chronic pain programs).
(19) Program timelines: These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.
(20) Discharge documentation: At the time of discharge the referral source and other predetermined entities should be notified. This may include the employer and the insurer. There should be evidence documented of the clinical and functional status, recommendations for return to work, and recommendations for follow-up services. Patient attendance and progress should be documented including the reason(s) for termination including successful program completion or failure. This would include noncompliance, declining further services, or limited potential to benefit. There should also be documentation if the patient is unable to participate due to underlying medical conditions including substance dependence.
(21) Repetition: Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.
ODG Work Conditioning (WC) Physical Therapy Guidelines
WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision

(and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also Physical therapy for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.
Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.

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)**