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## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/7/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of work hardening program for 10 days (80 hours).

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

The reviewer is a Medical Doctor who is board certified in Physical Therapy.

**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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of Work Hardening Program of 10 days (80 hours).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):  
Records reviewed

Notice of assignment of review organization – 10/23/2013  
Work Hardening Pre-authorization request for Right wrist strain – 9/18/2013

Letter of Non-certification – 9/24/2013  
Reconsideration work hardening program preauthorization request – 10/10/2013  
Request of Reconsideration – 10/17/2013  
Work hardening prescription – 9/10/2013  
Patient report of work duties and job requirements – 9/6/2013  
Functional Capacity Evaluation – 9/13/2013  
History and Physical examination – 09/10/2013  
Work hardening plans and goal of treatment - - 09/06/2013  
Initial behavioral Medicine Evaluation – 09/13/2013  
Job Description – DOT dictionary

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to available medical records, the patient was injured on xx/xx/xx. The date of injury is xx months ago and he recently had physical therapy for 10 sessions. The report states the patient was at work when he was performing his normal job duties of working. A few hours into his shift, patient complained of left wrist pain that described as pins and needles in left wrist and up to left elbow and back pain. The next day he saw the company doctor who prescribed pain medications and 10 sessions of physical therapy. He also received a MRI of his left wrist (8/22/2013) which showed no internal derangement. The designated doctor exam on 9-19-2013 recommended an injection (currently not performed) and stated the claimant was not at MMI.

Current subjective complaint on 10/10/2013 documented that the patient could not hold a coffee cup for more than a few seconds before he has to put it down due to the throbbing pain in his right wrist and arm. Upon review of the Initial Behavioral Medicine Evaluation, it was described that the patient was wearing a brace on his left wrist.

The reported ICD-9 diagnosis codes resultant from injury are:

1. 842.00 Right wrist sprain/strain

Injury Clinic recommended the patient undergo 10 days of work hardening (80 hours).

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

According to the ODG criteria for admission to Work Hardening for Forearm, Wrist, and Hand (acute and chronic) the following are listed as criteria: FCEs, previous PT, and the ability to rule out surgery, injections, or other treatments that are clearly warranted to improve patient's function (including further diagnostic evaluation). In regards to his most recent FCE on 9-13-2013, the patient was exposed to numerous physical activity challenges which almost all of these testing scenarios increased his pain and created burning and tingling in both hands. Due to the fact that the patient was having great difficulty performing the FCE, one can only

conclude that Work Hardening program would be too difficult for him at this stage of his therapy. report gave an impression of right upper extremity reflex sympathetic dystrophy and right upper extremity tenosynovitis. report also mentions that the patient completed 10 sessions of PT without any significant improvement of his wrist and hand pain. These PT session notes were not present to review in my documentation. However, in order to begin work hardening, one must show evidence of active physical rehabilitation with improvement and then a plateau. In addition, it was also mentioned that he would benefit greatly from injections. This would in theory decrease his symptoms and pain level so that in the future he might be able to participate in a work hardening program. Finally, the current diagnosis of sprain/strain is typically resolved in 6 to 8 weeks with no objective diagnostic studies i.e. NCV/EMG to illustrate reasons why he did not follow the normal resolution in this time frame.

- I. REFERENCES: ODG Treatment Guidelines; <http://www.disabilitydurations.com>; Forearm, Wrist, and Hand Chapter; Criteria for admission into Work Hardening

**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)