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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Nov/4/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 units of work hardening program

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified PM&R
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:
ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 10/09/13, 09/25/13
Preauthorization request dated 09/19/13
Office note dated 08/08/13, 06/26/13, 07/30/12, 05/30/12, 05/16/12, 04/11/12, 01/30/13, 02/14/13, 01/04/12, 01/03/12, 01/09/12, 03/21/12, 12/27/11, 01/17/12, 01/19/12, 01/23/12, 01/24/12, 01/27/12, 01/30/12, 02/02/12, 02/03/12, 03/07/12, 03/08/12, 04/25/12, 05/11/12, 04/05/10, 03/10/10, 03/08/10, 12/15/09, 11/24/09, 10/28/09, 10/02/09, 09/25/09, 09/21/09, 09/16/09, 06/30/09, 06/02/09, 01/06/09, 11/25/08, 03/26/08
UGI air w KUB dated 03/11/08
Lower extremity arterial ultrasound dated 10/13/09
Lab report dated 12/01/09, 09/16/09, 11/21/08, 03/11/08, 01/23/06
Peer review dated 05/25/12
MRI right calf dated 08/01/11
Handwritten progress note dated 08/04/11, 08/01/11, 06/23/11, 11/14/08, 04/28/08, 03/19/08, 03/10/08, 01/23/06
Surgical pathology report dated 03/31/08
Liver ultrasound dated 11/20/08
CT abdomen dated 11/20/08
Radiographic report dated 01/09/12, 07/26/11, 03/11/08
Wrist arthrogram dated 05/04/12
EMG/NCV dated 02/01/12, 11/02/09
Carotid Doppler ultrasound dated 11/24/09
Neurologic consultation dated 03/14/12
Peer review dated 05/24/12

Initial narrative report dated 05/03/13
Functional capacity evaluation dated 09/03/13, 05/09/13
Mental health evaluation dated 09/05/13
MRI left wrist dated 05/04/12
Request for reconsideration dated 10/08/13
Letter dated 10/13/13
Designated doctor evaluation dated 07/30/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female whose date of injury is xx/xx/xx. On this date the patient pulled and twisted her left hand/wrist. Treatment to date is noted to include medication management, bracing, steroid injections, pain management and therapy. The patient has been diagnosed with Kienbock's disease. Peer review dated 07/30/13 indicates that she is currently not working. The extent of the injured worker is left hand/wrist tenosynovitis, pain to the forearm and sprain/strain. The extent of injury does not include ulnar carpal impaction syndrome, avascular necrosis of lunate, Kienbock's disease, collapse of proximal articular surface of lunate bone, systic changes in lunate, marrow edema involving lunate bone, post traumatic contusion, left hand paresthesias, carpal tunnel syndrome, median nerve compression or bilateral C6 radiculopathy. Functional capacity evaluation dated 09/03/13 indicates that current PDL is light and required PDL is heavy. Mental health evaluation dated 09/05/13 indicates that the patient is currently taking only OTC medication. BDI is 22 and BAI is 25. Diagnosis is pain disorder associated with both psychological factors and a general medical condition.

Initial request for 80 units of work hardening program was non-certified on 09/25/13 noting that note dated 06/28/13 recommended a left wrist proximal row carpectomy. The Official Disability Guidelines criteria for work hardening indicate that the patient is not a candidate for whom surgery, injections or other treatments would clearly be warranted to improve function. Since the patient does appear to be a surgical candidate, then a work hardening program would not appear medically necessary. Request for reconsideration dated 10/08/13 indicates that the extent of injury issue is limited to "left hand/wrist tenosynovitis, pain in the forearm and sprain/strain". They are limited to the treatment of the compensable injury and the compensable injury consisting of the soft tissue sprain and strain. The denial was upheld on appeal dated 10/09/13 noting that guidelines state that work hardening programs are not supported with evidence of other medical conditions (including those that are non work-related) that contradict a successful return to work program completion. Given that there is an additional specific condition related to the left wrist that has added to the patient's chronic symptomatology and has not been fully treated as advised, it is likely to significantly impact the success of the multidisciplinary program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The patient presents with multiple comorbid, non-work-related conditions including ulnar carpal impaction syndrome, avascular necrosis of lunate, Kienbock's disease, collapse of proximal articular surface of lunate bone, systic changes in lunate, marrow edema involving lunate bone, post traumatic contusion, left hand paresthesias, carpal tunnel syndrome, median nerve compression or bilateral C6 radiculopathy. The patient has been recommended for surgical intervention to address a non-work-related condition. The Official Disability Guidelines note that work hardening programs are not recommended when there is evidence of other medical conditions that contradict a successful return to work program completion. Given the presence of comorbid conditions which significantly impact the patient's functional abilities, work hardening does not appear warranted at this time. As such, it is the opinion of the reviewer that the request for 80 units of work hardening program is not recommended as medically necessary.

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)