

# Applied Assessments LLC

An Independent Review Organization

2771 E. Broad St. Ste. 217 PMB 110

Mansfield, TX 76063

Phone: (512) 333-7997

Fax: (512) 519-7997

Email: admin@appliedassessments.net

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Oct/24/2013

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program 10 sessions

### 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:

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.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 09/19/13, 09/27/13

TPE evaluation dated 04/02/13

Psychological evaluation dated 04/02/13

PPE dated 04/02/12

Operative report dated 06/05/13

Functional capacity evaluation dated 09/16/13

Follow up note dated 05/13/13, 07/09/13, 09/09/13

Letter dated 10/04/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. Treatment to date is noted to include x-rays, MRIs, epidural steroid injections, and rhizotomy. Per TPE evaluation dated 04/02/13, the patient has not had any physical therapy. She has not yet missed work. Psychological evaluation dated 04/02/13 indicates that the patient estimates her last physical therapy was some time in 1995. There is no diagnosis on axis I. The patient underwent transforaminal right L2-3 epidural steroid injection on 06/05/13 with 90% relief of the anterior pain in her right leg. Follow up note dated 09/09/13 indicates that she is anticipating return to work if she is physically up to the task. Functional capacity evaluation dated 09/16/13 indicates that the patient demonstrated frequent lifts up to 28 lbs, and her return to work requirements will be

frequent lifting up to 50 lbs.

Initial request for work hardening x 10 sessions was non-certified on 09/19/13 noting that the patient was working full time full duty as recently as April of 2013 and apparently experienced a TIA or stroke and was placed off work. The claimant had a recent lumbar epidural steroid injection but the documentation does not indicate that this claimant has completed any recent physical therapy for noted physical deficits. The denial was upheld on appeal dated 09/27/13 noting that no additional records were received. Functional capacity evaluation summary indicates that the claimant was able to lift 52 lbs on an occasional basis. Assuming the claimant does not need to lift the cabin door on a frequent basis, it does not appear that the current condition justifies work hardening.

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

The patient's date of injury is approximately xx years old. The Official Disability Guidelines note that the worker must be no more than two years past date of injury to participate in a work hardening program. The submitted records fail to document that the patient has undergone any recent physical therapy with improvement followed by plateau as required by the Official Disability Guidelines. The patient does not present with any significant psychosocial issues which would require a multidisciplinary program with a psychological component. Per psychological evaluation dated 04/02/13, there is no diagnosis on axis I. As such, it is the opinion of the reviewer that the request for work hardening program 10 sessions is not recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**