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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 15, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed work hardening program, 80 hours (97545, 97546) for left shoulder, left hip, bilateral knees and right ankle

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

XX Upheld (Agree)

☐Overturned (Disagree)

☐Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
840.9/ 844.9/ 845.00	97545		Prosp	80					Upheld
840.9/ 844.9/ 845.00	97546		Prosp	80					Upheld

TDI-HWCN-Request for an IRO- 23 pages

Respondent records- a total of 122 pages of records received to include but not limited to:
TDI letter 3.26.13; letters 3.12.13, 3.21.13; Injury One records 9.10.12-3.14.13; CEFCO Job description; FCE report 2.28.13; Dr. records 2.28.13

Requestor records- a total of 65 pages of records received to include but not limited to:
Injury One records 9.10.12-3.14.13; CEFCO Job description; FCE report 2.28.13; Dr. records 2.28.13; letters 3.12.13, 3.21.13

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee reportedly tripped and fell on xx/xx/xx, with primary complaints of left knee pain. The injured employee also reported left shoulder pain, right knee pain, right ankle pain, and left hip pain. An emergency room evaluation following the fall occurred. X-ray studies were reportedly obtained and noted to be negative for any acute fractures. There is mention that the injured employee participated in 12 physical therapy sessions. No physical therapy progress reports were included in the medical records presented to be reviewed.

An initial behavioral evaluation was accomplished on September 10, 2012. The patient was noted to have a previous medical history of depression which was treated with medications. A BDI-II score was noted to be 16 indicating mild depression. A BAI score of 20 was noted indicating moderate anxiety. Treatment recommendations following the evaluation were for participation in individual psychotherapy sessions.

A more recent behavioral evaluation was accomplished on February 15, 2013. A BDI-II score of 23 was noted and a BAI score of 38 was documented. It was noted that the injured employee had been terminated from employment. Participation in the work hardening program was being requested.

Dr. evaluated the injured employee on February 28, 2013, with complaints of left shoulder, left hip, bilateral knee, and right ankle pain. Oral medications being taken by the injured employee were noted to include Gabapentin, Hydrochlorothiazide, and Norvasc. No past surgical history was documented. The physical examination findings documented the injured employee to ambulate with a limp and the assistance of a cane. Pain was noted with range of motion of all extremities; however, no range of motion measurements were documented. Full range of motion of the right ankle was noted. A strain of the left shoulder and left hip was diagnosed in addition to a bilateral knee sprain and right ankle sprain.

A Functional Capacity Evaluation was also accomplished on February 28, 2013. The patient was noted to be at a sedentary physical demand level. The physical examination findings documented minimal range of motion of the extremities inconsistent with the functional level described. Flexion of the left knee was noted to average 30°. Flexion of the right knee was noted to average 5°. Flexion of the shoulder averaged 80°.

The medical records have been inconsistent on the physical demand level necessary to return to pre-injury employment. Initially, it was documented as a heavy physical demand level, but has also been noted more recently to be a medium physical demand level.

The previous non-certifications were reviewed. One noted that the injured employee continued to work following the compensable event. It was also noted that the injured employee was hypertensive and specific strategies to address the medical problem which could affect her participation in the program were addressed. It was also unclear if the prior position was still available; therefore, the work hardening program was not supported. An appeal request was also

noncertified due to the fact that specific defined return to work goals had not been established, communicated, and documented. It was noted that the injured employee intended to look for a job that was less physically demanding than her previous job. It was also noted that the injured employee had been terminated from the previous position with no current job to return to and therefore the appeal request was not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines for admission into a work hardening program, there must be documentation of previous physical therapy with documented improvement followed by a plateau with evidence of no likely benefit from continuation of the previous treatment (ODG, Pain Chapter, updated March 21, 2013).

The medical records that have been submitted to be reviewed document that the injured employee reportedly participated in 12 sessions of physical therapy. The progress reports are not included in the medical records to determine if there was any improvement with past participation in physical therapy. There is also some concern over the previous Functional Capacity Evaluation on February 28, 2013, which documented only minimal range of motion of the injured employee's joints which is not consistent with the functional level documented just with ambulation. It also appeared that significant self-limiting behavior was noted on the functional capacity evaluation negating its overall validity. The medical records also indicate that the injured employee has no current job to return to. Since the injured employee does not have a current job to return to, there's no way to determine the physical demand level necessary.

The patient is noted to be functioning at a sedentary physical demand level and may find a job within that job demand level negating the need for a work hardening program. It is also noted in the medical records, that the injured employee continued to work approximately three months after the compensable event indicating the work hardening program would not be necessary and that there are other overlying factors contributing to the current limitations. The previous non-certification request reviewed by the treating provider has not submitted any additional information. Based on the above factors discussed above, the previous non-certification is upheld.

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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES