

# US Resolutions Inc.

An Independent Review Organization  
3267 Bee Caves Rd, PMB 107-93  
Austin, TX 78746  
Phone: (361) 226-1976  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/04/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Work Hardening 5 x wk x 2 wks  
LT knee 6-8 hrs 97545

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

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. It is the opinion of the reviewer that the requested Work Hardening 5 x wk x 2 wks LT knee 6-8 hrs 97545 is not indicated as medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is xx/xx/xx. On this date the patient was walking in her department when some plastic was sticking up from the ground, she tripped and fell on her left knee. She was initially seen by her company doctor and x-rays of the knee were negative. Left knee MRI dated 08/31/12 reportedly showed grade I sprain of the anterior cruciate ligament, a 0.8 cm osteochondroma over a 12 mm transverse base involving the medial metaphysis of the proximal left tibia. The records show a discrepancy in the date of injury, as treating doctor, has it listed as xx/xx/xx and the insurance carrier has it listed as xx/xx/xx. Given the date of the MRI, I will opine that xx/xx/xx is the correct date of injury. PPE dated 10/18/12 lists her occupation as a material handler, indicates that the diagnoses are knee internal derangement, cervical disc syndrome, deep and superficial muscle spasms and restriction of motion and that her current PDL is light and required PDL is medium.

Initial request for work hardening 5 x week x 2 weeks was non-certified on 11/09/12 noting that the history and documentation do not objectively support the request for a course of work

hardening at this time. The notes indicate that a mental health evaluation was planned, but no report was received. The denial was upheld on appeal dated 12/14/12 noting that the submitted documentation indicates that the patient is functioning with light capabilities and return to work requirements of medium. There was, however, no corroborative information from the employer stating return to work requirements and a job description. There was no documentation of failed return to work attempts. There was no documentation of absence of modified duty availability. ODG guidelines state that the evidence for real work is far superior to the evidence for simulated work. Moreover, in the absence of a specific job description there is insufficient information to potentially design a return to work program. There was no evidence of an agreement between the employer and employee regarding return to work plan.

Appeal request for work hardening 5 x week x 2 weeks was non-certified on 12/14/12. The records submitted for that request did include a psychological evaluation, which had been performed on 11/19/12, at which time the patient expressed depressed mood and frustration regarding inability to do some of the things that she used to enjoy, being upset by the effects of the injury on her mental health, and feeling anxious when discussing her pain. Her Beck Depression Inventory score was 14 (in the lower limits of mild depression) and her Beck Anxiety Inventory score was 10 for mild anxiety. However, denial of the request was upheld on appeal, stating that submitted documentation indicated that the patient was functioning with light capabilities with return to work requirements of medium, but that there was no corroboration from the employer, stating return to work requirements and a job description, that there was no documentation of failed return to work attempts, and that there was no documentation of absence of modified duty availability.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review to establish that the patient has undergone an adequate course of physical therapy with improvement followed by plateau, as required by ODG. There is no specific, defined return to work goal or job plan provided, which is also an ODG work hardening criteria. According to ODG, the work goal to which the employee should return must have demands that exceed the claimant's current validated abilities. The 10/18/12 PPE report states that her critical job demand requirements are that she walk/stand 6-8 hours per day, reach/bend/squat/push/pull, constantly lift 35 lbs. and frequently lift 50-75 lbs. The report further states that her current PDL is light with job demands of medium. These are 2 incongruent statements. The stated constant & frequent lift demands would actually fall in the very heavy PDL category and not the medium PDL category. In addition, according to the Dictionary of Occupation Titles, the occupation a Material Handler (any category), code # 929.687-030 is a heavy PDL. Based on these inconsistencies, an employer Job Description with weight requirements would be even more important to know before starting a Work Hardening program, in order to devise an appropriate return to work plan. Given this lack of supporting documentation, it is the opinion of the reviewer that the requested Work Hardening 5 x wk x 2 wks LT knee 6-8 hrs 97545 is not indicated 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

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)