

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: JANUARY 16, 2013

IRO CASE #: 44226

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening Program x 80 hrs/unit (97545, 97546).

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

M.D., Board Certified in Occupational 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)

The requested Work Hardening Program x 80 hrs/unit (97545, 97546) is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 12/20/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) 12/21/12.
3. Notice of Case Assignment dated 12/27/12.
4. Work Hardening Program Pre-Authorization Requests dated 12/13/12, and 11/28/12.
5. Injury 1 of referral dated 11/15/12.
6. Patient report of work duties dated 11/16/12.
7. Diagnostic Testing Center Physical Performance Evaluation dated 11/16/12.
8. History and Physical by MD dated 9/6/12.
9. Injury 1 Multidisciplinary Work Hardening Plan and Goals of Treatment dated 11/16/12.
10. Injury 1 of Initial Behavioral Medicine Consultation dated 7/3/12.
11. Injury 1 of Initial Work Hardening Program Evaluation dated 11/16/12.
12. Texas Department of Insurance Report of Medical Evaluation dated 10/3/12.
13. Designated Doctor Examination dated 10/3/12.
14. Texas Workers' Compensation Work Status Report dated 10/12/12.
15. Designated Doctor Examination dated 10/3/12.
16. Denial documentation dated 12/18/12 and 12/4/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male with a reported date of injury of xx/xx/xx. On 9/6/12, he underwent history and physical examination for consideration for work hardening program. This report indicates he injured his right hand on 11/18/11, and had his right hand caught between a heavy object and the wall. He continued to have pain and subsequently was found to have a right 5th metacarpal/carpal joint fracture that was surgically repaired. He reported pain and cramps in the right hand following that surgical procedure and he has been taking pain medication. He reportedly has been treated with physical therapy and has been recommended for a work hardening program. The patient's medications include Naprosyn, hydrocodone/acetaminophen, and Norco. The patient's right hand revealed a surgical scar over the right 5th metacarpal with mild tenderness noted. He was able to form a grip with slight weakness. He was found to be a reasonable candidate for a work hardening program at that time. On 10/3/12, he was seen for a Designated Doctor Examination. On examination, he has a negative Phalen's bilaterally and a negative Tinel's at the wrist and elbow bilaterally. The patient's range of motion is abnormal in the small finger of the right hand only. He was placed at maximum medical improvement as of 4/22/12, and was given a 2% whole person impairment rating attributable to decreased range of motion of

the small finger combined with a value of a 1% whole person impairment rating attributable to painful sensory deficits of the dorsal cutaneous branch of the ulnar nerve. Overall, he was given a 3% whole person impairment rating at that time. On 11/16/12, he underwent a Physical Performance Evaluation. Upon testing, he reported pain of 7/10 to 10/10 to the right hand.

The patient has requested authorization and coverage for participation in a Work Hardening Program x 80 hrs/unit (97545, 97546).

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

On 12/4/12, a Utilization Review determined that the requested work hardening program was not supported as medically necessary. The report indicates that there are no objective identifiable and currently ongoing pathology that explains the patient's ongoing complaints of pain. Further, there is no documented lack of function. The records indicate the patient had a healed right 5th metacarpal/carpal joint fracture at that time and there was no medical explanation how the fracture would reasonably be symptomatic at that time. Secondly, his BAI and BDI scores were in the severe range and there was no medical explanation of how an otherwise healthy person with a healed right 5th metacarpal/carpal joint fracture would have such grossly elevated scores. This was thought to signify some undiagnosed psychological condition or malingering. This had not been fully addressed, and therefore, the work hardening program was not recommended. A subsequent review on 12/18/12 concluded that the psychometric instruments were inadequate or inappropriate to elucidate the pain problem. The records do not indicate that recent x-rays had been performed to demonstrate any other pathology in the hand that could be attributable to the patient's pain pattern. As such, there is question of physiological causes of this patient's pain. This should be addressed prior to work hardening. As such, the requested work hardening program is not supported as medically necessary for treatment of the patient's medical condition.

Therefore, I have determined the requested Work Hardening Program x 80 hrs/unit (97545, 97546) is not medically necessary for treatment of the patient's medical condition.

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 JUDGMENT, 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)**