

# Applied Resolutions LLC

An Independent Review Organization  
900 N. Walnut Creek Suite 100 PMB 290  
Mansfield, TX 76063  
Phone: (214) 329-9005  
Fax: (512) 853-4329  
Email: manager@applied-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jun/21/2013

**IRO CASE #:**

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

Work Conditioning 5 X wk X 2 wks total of 30 hours

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

PM&R and 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 04/22/13, 05/07/13

Letter dated 06/05/13

Office note dated 03/27/12, 04/26/12, 08/10/12, 08/13/12, 08/27/12, 11/01/12, 12/20/12, 01/17/13, 02/14/13, 02/28/13, 03/28/13, 04/11/13

Range of motion/muscle test dated 09/05/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was helping other coworkers lift a very heavy metal beam. The patient reports that later that day he tripped over a wire that was 2 ½ feet up in the air. Office note dated xx/xx/xx indicates that the patient was having numbness in his right thigh for approximately 3 weeks. He was diagnosed with meralgia paresthetica. Follow up note dated 04/11/13 indicates that the

patient presents for follow up to lumbar pain rated as 5/10. The patient is currently in a formal therapy program. Current medications are listed as Ativan, Cymbalta, Lortab and Neurontin. On physical examination sensation is intact throughout. Tone is normal. Diagnosis is sprain lumbar region (847.2).

Initial request for work conditioning 5 x wk x 2 wks was non-certified on 04/22/13 noting that the claimant was denied treatment on his case and recently a BRC ruled his case compensable. He has thus not been completely evaluated and he is pending possible MRIs and other medical evaluations. He is deconditioned but planning to eventually return to his previous kind of work. The guidelines indicate work conditioning is an additional series of intensive physical therapy required beyond a normal course of physical therapy primarily for exercise training/supervision that would be supported for ten visits over four weeks, equivalent to up to 30 hours. The medical documentation provided for review documents the claimant underwent a functional capacity evaluation that recommended a work conditioning program. There are no previous physical therapy notes provided for review documenting how many prior physical therapy sessions the claimant has undergone. There was no current medical documentation from the treating provider as to the necessity for the work conditioning program. The denial was upheld on appeal dated 05/07/13 noting that functional capacity evaluation dated 04/03/13 indicates that the patient's maximum safe physical demand level is less than sedentary and required PDL is very heavy. It is highly unlikely that the patient will be able to achieve a very heavy PDL given that his current PDL is less than sedentary and the patient could only tolerate two minutes of sedentary level activity. There are still no physical therapy notes submitted for review. Per telephonic consultation with Eric James, the patient has attended 10 prior PT visits. He continues to have significant functional deficits, as identified by the below sedentary PDL. Eric indicated that the work conditioning is being requested since the patient's condition continues to deteriorate and treatment is needed before more invasive/aggressive treatment is initiated. The patient is awaiting a lumbar MRI, and is thought to be a possible surgical candidate. Therefore, continuation of his home/independent exercise program is appropriate until further evaluation can take place. As noted in the previous report and based on this discussion, it is unlikely that participation in this program will allow the patient to reach a very heavy PDL. Based on this discussion, the appeal request for work conditioning is non-certified.

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

The patient sustained injuries in xx/xx/xx for diagnosis of lumbar sprain, per the most recent office note dated 04/11/13. The patient has reportedly undergone a functional capacity evaluation; however, this report is not submitted for review. The submitted records indicate that the patient is pending a lumbar MRI and surgical intervention is being considered. There are no specific, time-limited treatment goals provided, and the patient's compliance with a structured home exercise program is not documented. As such, it is the opinion of the reviewer that the request for work conditioning 5 x wk x 2 wks total of 30 hours is not recommended as medically necessary.

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

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

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**