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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/27/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 10 sessions of work conditioning

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

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

[X] 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 <u>each</u> health care service in dispute. It is the opinion of the reviewer that the request for 10 sessions of work conditioning is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 04/18/13, 04/30/13
Subsequent evaluation dated 05/13/13, 04/08/13, 03/11/13
Functional capacity evaluation dated 02/11/13
Letter dated 06/07/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male whose date of injury is xx/xx/xx. On this date the patient felt a pull in his muscle; he believes repetitive movement caused his injury. Functional capacity evaluation dated 02/11/13 indicates that the patient returned to work on 07/29/12 and is working full time unrestricted duty. Current physical demand level is medium. Subsequent evaluation dated 03/11/13 states that the patient was scooping ice out of the ice machine when he felt a strain in his left arm going from his elbow to his wrist. Subsequent evaluation dated 05/13/13 indicates that sensation is within normal limits over the patient's upper and lower extremities. Strength testing is rated as 5/5 throughout. Deep tendon reflexes are 2/5 throughout. Stress testing revealed intact ligamentous structures with induction of lateral compartment pain in the left elbow medial and lateral collateral ligaments. Mills and Cozen's tests were positive for lateral epicondylitis. Golfer's elbow test was negative for medial epicondylitis.

Initial request for 10 sessions of work conditioning was non-certified on 04/18/13 noting that the conclusion of the functional capacity evaluation done 02/11/13 states the patient was able to perform at a medium PDL. The results are based on a very good consistent effort given by the examinee throughout the duration of the exam. He was able to perform at or above what is required by his pre-injury job requirements. His pain levels and levels of perceived exertion correlated with an appropriate increase in heart rate. Therefore, based on these results, it is

appropriate and expectable that he returns to work without restrictions. The denial was upheld on appeal dated 04/30/13 noting that it is not clear from the submitted records that the claimant has demonstrated a plateau in progress from other conservative interventions. Prior care is not outlined. In addition, the claimant's functional capacity evaluation indicates that the claimant is able to perform at or above what is required by pre-injury job requirements. There is limited documentation of extenuating circumstances which indicate the need for further skilled care.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no prior treatment records to document the number of physical therapy visits completed to date or the patient's objective functional response to treatment. The submitted functional capacity evaluation indicates that the patient is capable of working at or above what is required by his pre-injury job requirements. The patient is currently working full duty. As such, it is the opinion of the reviewer that the request for 10 sessions of work conditioning is not recommended 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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)