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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program x 80 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
Electrodiagnostic studies 08/03/12
Clinical notes 07/17/12-05/07/13
Designated doctor evaluation 11/14/12 and 03/11/13
Functional capacity evaluation 03/12/13
Behavioral evaluation report 04/01/13
Previous utilization reviews 04/12/13 and 04/23/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her upper extremities. Clinical note dated xx/xx/xx detailed the patient stating that the initial injury occurred when she was lifting totes and felt a pull in her right elbow. The patient previously underwent physical therapy with no significant benefit. The patient had ongoing complaints of right elbow pain exacerbated when lifting objects. The patient previously underwent steroid injections as well. Designated doctor evaluation dated 11/14/12 detailed the patient continuing with right arm pain. The patient underwent x-rays revealing essentially normal findings. Upon exam the patient demonstrated 70 degrees of right elbow flexion and extension, 20 degrees of radial deviation, and 30 degrees of ulnar deviation. Designated doctor evaluation dated 03/11/13 detailed the patient reaching clinical maximum medical improvement. Clinical note dated 02/01/13 detailed the patient continuing with right elbow pain. The patient underwent a right carpal decompression and open release and repair of the right lateral extensor tendon for epicondylitis and debridement. Clinical note dated 02/26/13 detailed the patient continuing with right elbow

pain. The patient utilized tramadol and Lidoderm for ongoing pain relief. The functional capacity evaluation dated 03/12/13 detailed the patient performing at a sedentary physical demand level. However, her occupation as a magazine distributor required heavy physical demand level. Clinical note dated 04/01/13 detailed the patient being recommended for a work hardening program. The clinical note dated 04/09/13 details the patient continuing with right elbow pain. The request for a reconsideration dated 04/17/13 details the patient having previously demonstrated good compliance with her previous treatments. The clinical note dated 05/07/13 details the patient continuing to be recommended for a work hardening program.

The previous utilization review dated 04/12/13 resulted in a denial for a work hardening program secondary to lack of information regarding the patient's previous attempts of returning to work as well as the patient's mild evidence of pain as well as depression and anxiety.

The previous utilization review dated 04/23/13 details the patient lacking information regarding a job to return to as well as no information being provided regarding the patient's significant deconditioning regarding her physical demand level discrepancy.

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

The documentation submitted for review elaborates the patient complaining of ongoing right elbow pain. A work hardening program for 80 hours would be indicated provided the patient meets specific criteria to include a job noted to be returning to and the patient's significant functional deficits will clearly benefit from a multi-disciplinary program. No information was submitted regarding the patient having a job to return to. Additionally, the patient is noted to have a severe discrepancy in her physical demand level in regards to her occupation. The documentation details the patient able to perform at a sedentary physical demand level whereas her occupation requires a heavy physical demand level. It is unclear as to the reason for such a sudden and significant deconditioning regarding the patient's discrepancy in her physical demand level. Given that no information was submitted regarding the patient having a job to return to and taking into account the severe discrepancy in the patient's physical demand level status, this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a work hardening program for 80 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:

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES