

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 10 days

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 03/11/13, 03/27/13

Request for work hardening program undated

Rebuttal to adverse determination dated 04/03/13

Functional capacity evaluation dated 01/30/13

Work hardening program update dated 02/22/13

Psychological screening dated 02/14/13

Occupational rehabilitation evaluation dated 02/14/13

Office note dated 01/31/13, 02/04/13, 02/05/13, 02/06/13, 02/07/13, 02/13/13, 02/14/13

Group note dated 02/05/13, 02/04/13, 02/13/13, 02/07/13

Appeal dated 03/18/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was struck on the right side of the thoracic, lumbar and right ankle. Functional capacity evaluation dated 01/30/13 indicates that required PDL is heavy and current PDL is sedentary/light.

Psychological screening dated 02/14/13 indicates that the patient is not currently taking any medications. BDI is 26 and BAI is 35. Diagnosis is anxiety disorder, nos, severe.

Interdisciplinary occupational rehabilitation evaluation indicates that the patient's diagnoses are lumbar sprain/strain, thoracic sprain/strain, ankle sprain. The patient completed 10 sessions of a work hardening program.

Initial request for work hardening 10 days was non-certified on 03/11/13 noting that the patient was diagnosed with a simple sprain/strain over 7 months ago which should have resolved within 8 weeks with or without treatment. The clinical findings by the designated doctor revealed no evidence of radiculopathy. The MRI and EMG/NCV are essentially normal. The functional capacity evaluation suggested the claimant was at the sedentary/light level. The functional capacity evaluation stated the claimant was able to lift 15 pounds 3 times. stated the "west unit" was a lifting task from the floor to overhead. On 02/14/13 the claimant was able to lift 10 pounds 3 times. Given the poor results from work hardening, the claimant would do just as well with a self-directed home exercise program. The denial was upheld on appeal dated 03/27/13 noting that the submitted information indicates that the claimant has been somewhat noncompliant with work hardening as reflected by the extended duration required to complete 10 sessions. Additionally, results from prior sessions have failed to demonstrate significant improvement in clinical measures. Finally, there was no evidence of absence of modified duty available. Guidelines have provision for an appropriate course of work hardening for selected patients. However, guidelines state that the evidence for real work is far stronger than the evidence for stimulated work.

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

The patient sustained injuries in xx/xxxx and has completed an initial trial of work hardening. The submitted records fail to document significant progress in the trial of work hardening to establish efficacy of treatment and support additional sessions. The patient sustained sprain/strain injuries which should have resolved at this time with or without treatment. There is no documentation of return to work attempts. As such, it is the opinion of the reviewer that the request for work hardening 10 days 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