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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Sep/04/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Conditioning X 10 sessions

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified PM&R
Board Certified 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 06/18/13, 07/25/13, 05/01/13, 03/15/13
Physical therapy evaluation dated 03/01/13
Clinic visit dated 05/31/13, 08/23/13, 08/02/13, 04/09/13, 03/12/13, 02/13/13
MRI cervical spine dated 02/22/13
Radiographic report dated 02/13/13
Physical therapy report dated 03/25/13
Functional whole body assessment dated 08/15/13
Physical therapy initial examination dated 08/02/13
Request for reconsideration dated 06/21/13
Work conditioning rationale dated 06/17/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male whose date of injury is xx/xx/xx. On this date the patient was walking across a yard when he stepped into a hole causing him to fall. MRI of the cervical spine dated 02/22/13 revealed at C5-6 there is a 3 mm left C5-6 cervical disc herniation with disc material at the medial aspect of the left C5-6 intervertebral foramen. Note dated 05/31/13 indicates that the patient has completed 12 sessions of physical therapy. Physical therapy initial examination dated 08/02/13 indicates that the patient is not currently working. Functional whole body assessment dated 08/15/13 indicates that the patient demonstrated full effort. The patient was able to lift 28 lbs above shoulder, 47.8 lbs desk/chair level, and

43.4 lbs chair/floor level. Physical examination on 08/23/13 indicates that cervical spine range of motion is left rotation 48, right rotation 65, bilateral lateral flexion 18, forward flexion 30, extension 30 degrees. Current medications are listed as Tylenol, Tramadol and Flexeril.

Initial request for work conditioning x 10 sessions was non-certified on 06/18/13 noting that the claimant had physical therapy but is currently limited to 30 pounds of lifting. The goal is to achieve 50 pounds of occasional lifting. The claimant has no job to return to but is motivated to find work. Guidelines indicate claimants must undergo appropriate screening documentation prior to consideration of work conditioning/work hardening with a psychological assessment with determination of safety issues. Job levels must be well defined with the ability of safety, physical, functional, behavioral and vocational deficits should be noted. A valid functional capacity evaluation should be performed, administered and interpreted by a licensed medical professional. The claimant has not undergone a full functional capacity evaluation and an independent psychological screening with a stated physical demand level position to return to. The denial was upheld on appeal dated 07/25/13 noting that the number of completed physical therapy visits was not documented in the clinical records submitted with this request. MRI of the cervical spine was done on 02/22/13. There was no objective interpretation of the MRI results attached in the medical report submitted. The patient had no premorbid psychiatric history. There was no documented functional capacity evaluation that details the patient's current physical demand level and what his job requirement PDL is supposed to be. Also, specific return to work goals have not been established and it is not clear as to the patient's overall motivation for return to work.

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

The patient has completed a course of physical therapy for diagnoses of cervicalgia and degeneration of cervical intervertebral disc. Although a whole body assessment has been provided, this does not include work requirements. There is no detailed job analysis/description submitted for review. There are no specific, defined return to work goals provided. As noted by the previous reviewer, the patient's overall motivation to return to work is unclear. There is no indication that the patient has attempted to return to work in any capacity. As such, it is the opinion of the reviewer that the request for work conditioning x 10 sessions 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