

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

April/2/2014

**IRO CASE #:**

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

Work hardening x 30 sessions

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

Psychiatry

**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:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. The patient was involved in a motor vehicle accident resulting in a traumatic brain injury. Note dated 11/18/13 indicates that the patient has elected to postpone entering the vocational program until after the first of the year. Consultation dated 01/23/14 indicates that since tapering the Latuda, she has had some increase in the frequency of her anger outbursts. However, these have been contained and have not led to any self-harming behavior. Vocational assessment and plan of care dated 02/05/14 indicates that the patient's psychological problems (self-mutilation, suicide ideations and attention-seeking behaviors) have subsided and her behaviors have stabilized. The patient continues to see a neuropsychiatrist on a monthly basis for treatment. She also reports seeing a psychologist biweekly. The patient reports that she is ready to return to work, but has left-sided weakness affecting her balance, strength and stamina. Medications include Metformin, Lithium, Depakote, Latuda, Levothyroxine, Naltroxone. The patient currently works approximately 9 hours per week for her mother.

Initial request for work hardening x 30 sessions was non-certified on 02/12/14 noting that the length of time that the claimant is removed from the date of injury would be considered a negative predictor of a positive response from such an extensive program. The Official Disability Guidelines would not support a medical necessity for such an extensive program when it is felt that long term functional abilities are likely to be that of a sedentary type in nature. Reconsideration letter dated 02/17/14 indicates that the patient's mother will be

closing her shop soon and the patient will need retraining to seek gainful employment. The denial was upheld on appeal dated 03/03/14 noting that it is unclear why a work hardening program is being requested for this patient. It is noted that the patient is currently working for her mother in her shop, and once her mother retires, she will need assistance with resume writing, interviewing skills and job searching. A work hardening program does not provide assistance with these requests. A work hardening program is recommended in the setting of a musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands and generally in the setting when no more than 2 years have elapsed since the date of injury. This patient has a xxxx date of injury.

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

The patient sustained injuries in xxxx. The Official Disability Guidelines report that for a work hardening program, the worker must be no more than 2 years past date of injury. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no pre-program mental health evaluation or functional capacity evaluation/PPE submitted for review as required by the Official Disability Guidelines. Additionally, the request is excessive as the Official Disability Guidelines support an initial trial of two weeks of the program with up to 160 hours supported with evidence of objective functional improvement. As such, it is the opinion of the reviewer that the request for work hardening x 30 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:**

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

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**