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Notice of Independent Review Decision

Date notice sent to all parties: 12/30/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty (80) hours of a work hardening program

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand Surgery

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 of the health care services in dispute.

Eighty (80) hours of a work hardening program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Impairment rating evaluation dated 10/03/13
DWC-69 form dated 10/03/13
Physical therapy reevaluation dated 10/22/13
Therapy notes dated 10/29/13, 10/30/13, 11/01/13, and 11/04/13,

History and Physical for Work Hardening dated 11/09/13
Physical Performance Evaluation (PPE) dated 11/12/13
Initial Behavioral Medicine Assessment dated 11/14/13
Multidisciplinary Work Hardening Plan and Goals of Treatment dated 11/14/13
Patient's Report of Work Duties dated 11/14/13
Evaluation Employee Job Description dated 11/19/13
Preauthorization Request for Work Hardening dated 11/19/13
Notices of Adverse Determinations dated 11/22/13 and 12/02/13
Request for Reconsideration for a Work Hardening Program dated 11/25/13
The Official Disability Guidelines (ODG), Chapter on Forearm, Wrist, and Hand, was provided by the carrier/URA

PATIENT CLINICAL HISTORY [SUMMARY]:

examined the patient on 10/03/13 and felt the patient had not reached MMI, as he needed to be able to complete rehabilitation for his thumb. It was felt he would reach MMI on or near 01/03/14. reevaluated the patient in therapy on 10/22/13. Therapy was prescribed twice a week for three weeks to include therapeutic exercises and activities and instruction in home exercises. The patient attended therapy on 10/29/13, 10/30/13, 11/01/13, and 11/04/13 examined the patient on 11/09/13. He had undergone external fixation of the joint followed by slow recovery consistent with continued pain and decreased mobility. His current medications were Naproxen and Tramadol. He had tenderness at the CMC and MCP joints of the right thumb. The IP joint had little to mobility and everything was "quite tender". noted the patient was medically clear for a work hardening program. His medications and work restrictions were continued. The patient underwent a PPE on 11/12/13. It was felt the patient did not safely meet the requirements to return to work and it was felt a psychological evaluation was necessary for the patient's emotional complications. Ms. performed an initial behavioral medicine assessment on 11/14/13. BDI and BAI testing revealed minimal anxiety and depressive symptoms. It was felt the patient was an excellent candidate for a work hardening program. A patient report of work duties dated 11/14/13 indicated the patient had to strip forms, stack aluminum beams, and perform housecleaning duties. A preauthorization request was made for work hardening on 11/19/13. It was noted the PPE indicated the patient was functioning in the sedentary-light physical demand level, which did not meet the requirements of his employment's very heavy physical demand level. It was noted the ODG was in support of the request. On 11/22/13, provided a letter of non-authorization for the requested 80 hours of work hardening. provided a reconsideration request on 11/19/13 for the requested work hardening program. On 12/02/13, provided another notice of non-authorization for the requested 80 hours of work hardening.

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

This patient had an injury to the right thumb, which required surgery to consist of external fixation of the joint and right thumb radial collateral ligament repair. The patient is still having pain and limitation of motion, which appear to be the only clinical findings based on the documentation reviewed. I do not believe that work hardening is reasonable in this patient for several reasons. Firstly, the objective evidence suggests that work hardening is less effective for extremity injuries. In addition, this patient had the injury quite some time ago and has had 28 sessions of physical therapy and it is unlikely this far out from surgery that work hardening would be of any substantial benefit. Furthermore, the benefit from therapy is not clear based on the documentation provided. There was not a specific return to work goal or job plan provided. When I review the employee job description dated 11/19/13, it states that the patient does not have a job to return to. Also, his effort on the PPE did not confirm maximum effort, as he had subjectively high pain complaints that appeared out of proportion to the activity he was doing. Thus, based on the criteria of the ODG, I do not believe that 80 hours of a work hardening program is medically necessary or appropriate for this patient. Therefore, the previous adverse determinations should be upheld at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- 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)**