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Notice of Independent Review Decision

Date notice sent to all parties: 01/02/14

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:

Operative report dated 06/26/13
Reports dated 08/16/13 and 10/11/13
Notices of Preauthorization Determination dated 10/11/13, 11/15/13, and 11/26/13
Fax referral for Functional Restoration/Return to Work Program dated 10/28/13

Patient Report of Work Duties dated 11/04/13
Initial Clinical Interview & Assessment dated 11/04/13
Multidisciplinary Work Hardening Plan and Goals of Treatment dated 11/04/13
Report dated 11/07/13
DWC-73 form dated 11/07/13
Report dated 11/08/13
Functional Capacity Evaluation (FCE) dated 11/14/13
Preauthorization Requests dated 11/15/13 and 11/25/13
Risk Management Adverse Determinations dated 11/21/13 and 12/03/13
Appeal/Reconsideration Acknowledgement Letter dated 11/26/13
Prospective Review (M2) Response dated 12/16/13
Undated Face Sheet
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

performed ORIF of the left humerus fracture on 06/26/13. On 08/16/13, she had a well healed surgical incision. Range of motion of the elbow was 10 to 105 degrees. She was advised to discontinue the sling and was doing therapy. She was asked to return in one month. reexamined the patient on 10/11/13. She had good range of motion of the left shoulder and the elbow had minimal limitation. X-rays revealed the ORIF with plate and screws in good position with healing. noted the patient was clinically and radiographically healed and she was advised to continue working on range of motion, stretching, and strengthening of the left arm. He felt the patient was ready to return to work and she was very pleased with her outcome. Ph.D. and Psy.D. performed an initial clinical interview and assessment on 11/04/13. She rated her current level of functioning at 40%. Her mood was dysphoric and her affect was constricted. BAI and BDI testing revealed minimal depression and mild anxiety. It was felt she was an appropriate candidate for a work hardening program. examined the patient on 11/07/13. She had increased left arm pain with cold weather and Mobic was helping well. Her current medications were Hydrocodone/APAP, Meloxicam, and Cyclobenzaprine. She was 50 inches tall and weighed 257 pounds. Neurological examination was normal. She had generalized tenderness of the left upper extremity. Hydrocodone was continued and a chronic pain management program was recommended. The patient underwent an FCE on 11/14/13. She was noted to have provided a consistent effort. She was functioning in the light PDL and her previous employment required the medium PDL. It was noted she had long standing use of pain medications and muscle relaxants in order to attempt to reduce her pain levels, but the patient reported she no longer wanted to be taking medicine as the only means of reducing pain. On 11/15/13, a preauthorization request for work hardening was reviewed. On 11/15/13, provided a notice of non-authorization for the requested 80 hours of work hardening. A request for reconsideration was provided dated 11/25/13. On 11/26/13, provided another notice of non-authorization for the requested 80 hours of a work hardening program.

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

This patient had an open reduction and internal fixation of a distal humerus fracture that appeared to go uneventfully. At one of the more recent follow-ups on 10/11/13, he stated, "She has good range of motion at the shoulder and elbow with minimal limitation." The elbow basically has four ranges of motion, flexion, extension, supination, and pronation. If a functional range of motion has been met, then the chances of there being a significant physical impairment are limited. X-rays that day revealed the plate and screws were in good position with healing. He noted the patient was "clinically and radiographically healed". At that time, she was advised to continue working on range of motion, stretching, and strengthening of the left arm and he felt the patient was ready to return to work. He also noted the patient was very pleased with her outcome. On 11/07/13, he documented a normal neurological examination and generalized tenderness of the left upper extremity. Motor strength was 5/5 throughout. Furthermore, this patient has already had 21 physical therapy sessions that were beneficial based on the documentation reviewed. It is my opinion as an upper extremity specialist that further work hardening will not improve her functional range of motion or functional limitations with regard to her elbow or improve her ability to return to work. I think that 21 sessions of physical therapy are more than adequate, specifically with elbow issues with regards to range of motion. There also does not appear to be any objective musculoskeletal deficits in the documentation reviewed. In addition, there is no documentation detailing or providing any specifics regarding any limitations or difficulties in the claimant's physical abilities and her job demands. Therefore, the requested 80 hours of a work hardening program would not be reasonable, medically necessary, or in accordance with the recommendations of the ODG and 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)**