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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening program x 10 days/80 hours

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation 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. It is the opinion of the reviewer that the request for work hardening program x 10 days/80 hours is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 11/20/13, 10/17/13
Preauthorization request dated 10/14/13, 07/02/13
Isometric hand assessment battery dated 04/23/13
MRI right wrist dated 02/01/13
Follow up note dated 02/11/13
Reconsideration dated 11/04/13
PPE dated 10/03/13, 09/03/13
Peer review dated 07/11/13
Reassessment for work hardening dated 10/07/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. Peer review dated 07/11/13 indicates that the patient sustained an injury to the right wrist. The patient had minimal improvement with physical therapy. The patient underwent right wrist arthroscopy and debridement of TFCC tear on 03/11/13 followed by a course of postoperative physical therapy. The peer reviewer opined that the patient has been returned to full duty and is reasonably at MMI. The patient should continue with a home exercise program. PPE dated 09/03/13 indicates that required PDL is medium and current PDL is light. The patient completed 10 days of a work hardening program. PPE dated 10/03/13 indicates that current PDL is sedentary to light. Reassessment dated 10/07/13 indicates that FABQ-W increased from 30 to 39 and FABQ-PA from 15 to 16. BDI decreased from 15 to 12 and BAI remained 4. Medications are listed as ibuprofen and tramadol. Pain level decreased from 6 to 5/10.

Initial request for work hardening program x 10 days was non-certified on 10/17/13 noting that the patient has failed to demonstrate significant improvement from the initial trial of 10 days of work hardening. Specifically, physical capabilities decreased from light to sedentary-light following the initial 80 hours for 10 days. Reconsideration dated 11/04/13 indicates that the patient's dynamic lifting was 25 lb. The denial was upheld on appeal dated 11/20/13 noting that the patient has completed 10 days of work hardening to date. Current evidence based guidelines support ongoing treatment only with evidence of objective functional improvement. The patient's PDL actually decreased from light to sedentary-light.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has completed 10 days of a work hardening program without significant documented improvement. The patient's physical demand level decreased. The patient's fear avoidance scores increased. BAI remained the same and BDI decreased only slightly. The Official Disability Guidelines note that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. As such, it is the opinion of the reviewer that the request for work hardening program x 10 days/80 hours is not recommended as medically necessary.

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

ACOEM-AMERICA 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)