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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/22/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Functional Capacity Evaluation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic 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 health care service in dispute. It is the opinion of this reviewer that the request for a functional capacity evaluation is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Adverse determinations dated 02/06/14 & 03/18/14

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who initially presented with 3rd degree burns to both hands and forearms from an injury that occurred on xx/xx/xx. The clinical note dated 07/12/13 indicates the patient having been treated with medications to include Lidoderm, Lyrica, Norco, and Tramadol for ongoing pain relief. Upon exam, scars were evident at the distal medial arms and wrists with moderate hypertrophy that was painful to touch. Wounds were also identified at the right wrist and forearm. The MRI arthrogram of the right knee dated 08/19/13 indicates the patient having been identified as having a medial meniscus tear at the posterior horn. The clinical note dated 09/13/13 indicates the patient having completed 23 physical therapy visits to date. The patient was not currently working secondary to the burn injuries. The clinical note dated 09/30/13 indicates the patient having a positive McMurray's sign. The patient was able to demonstrate 15 to 90 degrees of range of motion at the right knee. Tenderness was identified upon palpation at the medial joint line. The operative report dated 10/08/13 indicates the patient undergoing an arthroscopic medial meniscus repair. The clinical note dated 10/09/13 indicates the patient having benign wounds. The patient's wounds were cleaned and redressed at that time. The patient was also referred to physical therapy. The clinical note dated 12/16/13 indicates the patient able to demonstrate 0 to 120 degrees of range of motion at the right knee. The patient was able to move his toes without any difficulty. The patient was ambulating without crutches at that time. The clinical note dated 01/27/14 indicates the patient progressing to a home exercise program. The clinical note dated 02/24/14 indicates the patient being recommended for a work conditioning program. The clinical note dated 03/10/14 indicates the patient having difficulty with climbing stairs and ladders. The patient was continuing with physical therapy. The clinical note dated 04/07/14 indicates the patient continuing to be recommended for a work conditioning program. The clinical note dated 04/21/14 indicates the patient able to

demonstrate 120 degrees of flexion at the right knee. The clinical note dated 05/05/14 indicates the patient being recommended for a functional capacity evaluation.

The utilization review dated 02/06/14 resulted in a denial for a functional capacity evaluation as no information was submitted regarding the specific number or duration of the sessions of work conditioning. Additionally, no information was submitted regarding the patient's objective improvements through the initial course of therapy.

The utilization review dated 03/18/14 resulted in a denial as no information had been submitted regarding the patient's work status as well as his required job duties. No information had been submitted regarding an unsuccessful return to work attempt following postoperative therapy. No conflicting reports were evident in the patient's medical chart.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient having undergone treatment for upper extremity burns as well as a surgical procedure at the right knee. The documentation indicates the patient being recommended for a work conditioning program. A functional capacity evaluation is indicated for patients who have undergone an unsuccessful return to work or the patient's chart contains conflicting medical reports. There is an indication that the patient has returned to work following the knee surgery with restrictions. However, no information was submitted regarding an unsuccessful return to work. Additionally, the patient is able to demonstrate 120 degrees of range of motion at the right knee. The clinical notes indicate the patient having benign wounds. No information was submitted regarding any ongoing functional deficits associated with the upper extremity burns. No conflicting reports were contained within the patient's clinical chart. Without this information in place, a functional capacity evaluation would not be appropriate for this patient at this time. As such, it is the opinion of this reviewer that the request for a functional capacity evaluation 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)