



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 2/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of 80 hours of work hardening program related to symptoms of left elbow injury as outpatient.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 80 hours of work hardening program related to symptoms of left elbow injury as outpatient.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

Letter of medical necessity – 1/23/14
Request for Reconsideration – 1/7/14
Pre-Authorization Request – 12/30/13
Behavioral Evaluation Report – 12/20/13

FCE Report – 12/30/13

Patient Prescription – 9/18/13

Assessment Note – 9/25/13

Daily Note – date unclear, 10/7/13, 10/14/13, 10/23/13, 10/28/13,
10/30/13, 11/4/13, 11/6/13, 11/11/13, 11/13/13, 11/18/13, 11/20/13,
11/25/13, 12/2/13

Patient History – 9/25/13

Records reviewed:

LHL009 – 1/15/14

Denial Letters – 1/3/14, 1/15/14

Peer Review Reports – 1/2/14, 1/13/14

Requests for Preauthorization – 1/2/14, 1/8/14

Initial Medical Report – 8/26/13

Script – 8/26/13

Subsequent Medical Reports – 10/9/13, 11/7/13, 12/2/13

WC – First Report of Injury or Illness – 8/15/13

Procedure Report – 8/29/13

Anesthesia Charge Sheet – 8/29/13

Lab Report – 8/21/13

Operative Report – 8/29/13

Patient Registration – xx/xx/xx

Physician Documentation – xx/xx/xx-8/11/13

Encounter Summary – 8/9/13

Nursing Notes – 8/9/13

ED-Vital Signs & Intervention Record – 8/9/13

New Patient Note – 8/14/13

History & Physical Update – 8/14/13

Various DWC73s

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this male was injured while working on xx/xx/xx. He sustained a deep friction burn to his left elbow region. He was seen at a local emergency room who identified a deep abrasion measuring 5 x 3 cm over the lateral aspect of the elbow. She prescribed Norco and recommended follow-up with a plastic surgeon. The injured worker was seen by plastic

surgeon, on August 14, 2013 and surgery was recommended. On August 29, 2013, took the injured worker to surgery for debridement and split thickness skin graft to the left elbow.

On August 26, 2013, the patient was evaluated. noted the injury and treatment and stated that the injured worker was temporarily disabled.

On September 18, 2013, the patient received a prescription for physical therapy and began a physical therapy program which lasted from September 25, 2013 until December 2, 2013 when the patient plateaued and was released to a home exercise program. At the time of discharge, range of motion of his elbow was from 0° of extension to 145° of flexion. Supination and pronation were said to be within normal range. Grip strength measured 80 pounds on the right and 85 pounds on the left.

On December 12, 2013, the injured worker was evaluated and a mental health evaluation and functional capacity evaluation were recommended. The injured worker underwent a behavioral evaluation on December 20, 2013. This showed that the injured worker perceived moderate to severe pain and had evidence of moderate depression and mild anxiety. A functional capacity evaluation performed on December 30, 2013 showed that the injured worker was functioning at a light PDL level and his work required a heavy PDL level. A good validity profile was described. A work hardening program was recommended.

There are two letters of denial for work hardening; one dated January 3, 2014 in which the reviewer indicated that therapy records were not available. He also indicated that there was no evidence of a psychological dysfunction in the medical record and stated that there was no indication of why the injured worker was functioning at a light PLD level. A second denial was issued on January 13, 2014 stating that there was no evidence of psychological dysfunction and the patient had not reached a plateau in physical therapy.

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

This worker sustained a documented injury to his left elbow in a work-related accident on xx/xx/xx. He underwent debridement of the wounds and split thickness skin graft on August 2, 2013. He subsequently had at least 14 therapy sessions between September 25, 2013 and December 2, 2013. He reached a plateau and was released to a home exercise program on December 2, 2013. He continued to have problems as documented in the medical record his behavioral evaluation, and his functional capacity evaluation. He was a good participant in therapy but continued to have deficits identified in his FCE so that he was functioning at a light PDL and his work required a heavy PDL. His behavioral health evaluation showed evidence of psychological dysfunction including anxiety and depression which interfered with his normal activities of

daily living. Treating health care providers including both indicated that the injured worker would return to his previous job following completion of a successful work hardening program.

This injured worker meets ODG Treatment Guideline requirements for 80 hours of a work hardening program related to symptoms of his left elbow injury; therefore, the requested treatment is medically necessary.

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)