

Applied Assessments LLC

An Independent Review Organization

2771 E. Broad St. Ste. 217 PMB 110

Mansfield, TX 76063

Phone: (512) 333-7997

Fax: (512) 519-7997

Email: admin@appliedassessments.net

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

April/23/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program x 10 days right wrist

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

Board Certified PM&R

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient felt a pain in his right wrist. Initial behavioral medicine consultation dated 12/20/13 indicates that treatment to date includes x-rays, splinting, light duty, physical therapy and medication management. BDI is 26 and BAI is 12. Diagnoses are major depressive disorder, single episode, severe without psychotic features; and pain disorder associated with both psychological factors and a general medical condition. Assessment for work hardening program dated 02/20/14 indicates that the patient has completed individual psychotherapy sessions. BDI is 34 and BAI is 15. PPE dated 02/21/14 indicates that required PDL is medium and current PDL is light.

Initial request for work hardening program x 10 days was non-certified on 03/03/14 noting that medical records prior to the 12/16/13 office visit need to be submitted for review. This patient has apparently had over a year of treatment from xx/xx/xx to 12/23/13. Medical records that document examination findings and medical care rendered need to be submitted for review. It is noted to be curious that obtains a psychological evaluation on a patient with multiple upper extremity diagnoses without obtaining a recent orthopedic consultation. The patient has not had a single orthopedic evaluation to determine if the patient would benefit from any injections or surgical intervention or future orthopedic treatment. Reconsideration dated 03/14/14 indicates that he has done occupational therapy as well as injections on 10/02/13 and 11/13/13. The denial was upheld on appeal dated 03/20/14 noting that a written job description from the employer is not provided, and based on the generic DOT job

description, employee has met his work required PDL.

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

The patient sustained injuries on xx/xx/xx; however, there are no treatment records submitted for review prior to initial behavioral medicine consultation dated 12/20/13. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted records fail to document an adequate course of physical therapy with improvement followed by plateau as required by the Official Disability Guidelines. There is no job description provided from the patient's employer. As such, it is the opinion of the reviewer that the request for work hardening program x 10 days right wrist is not recommended as medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES