

# Applied Assessments LLC

An Independent Review Organization

2771 E. Broad St. Ste. 217 PMB 110

Mansfield, TX 76063

Phone: (512) 333-2366

Fax: (512) 519-7997

Email: admin@appliedassessments.net

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Oct/13/2014

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional 10 work conditioning sessions

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

Board Certified Internal 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.**

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient struck the back of his head when he got back up. The patient was seen and diagnosed with a left neck sprain. The patient completed a course of physical therapy. MRI of the cervical spine dated 06/19/14 revealed disc space is normal at C2-3, C3-4 and C7-T1. At C4-5 there is broad based bulging disc with obliteration of anterior subarachnoid space; the neural foramina are intact. At C5-6 there is broad based bulging disc with narrowing of right neural foramen. At C6-7 there is broad based bulging disc with narrowing of left neural foramen. Electrodiagnostic report dated 07/14/14 notes evidence of mild bilateral median mononeuropathy at the level of the wrist (carpal tunnel syndrome). Functional capacity evaluation dated 07/15/14 indicates that required PDL is medium/heavy and current PDL is medium/heavy. The patient completed 10 sessions of work conditioning. Repeat functional capacity evaluation dated 08/26/14 indicates that the patient's PDL remains medium/heavy. Note dated 09/17/14 indicates that the patient is not working. Pain level is 3/10. Current medication is Aleve. On physical examination there is cervical tenderness to palpation. Strength of the neck/cervical spine is reduced.

Initial request for additional 10 work conditioning sessions was non-certified on 09/11/14 noting that the patient has minimal pathology per MRI. He has had PT and 40 hours of work conditioning with only a 10 lb gain in overhead lift. Technically, he meets his job demand PDL and did so even before starting work conditioning. Throughout is no indication to continue work conditioning as he lacks only 5 lbs capacity in overhead lift and can work on this issue both on the job and at home via a home exercise program using skills he should

have learned in PT and work conditioning already. Letter for reconsideration dated 09/11/14 indicates that the additional work conditioning has been recommended to promote further recovery, increase strength-endurance, reach PDL requirement of his job, return to work and MMI status. The denial was upheld on appeal dated 09/18/14 noting that stated that the patient had worsening function with work conditioning, so he requested to extend work conditioning. If the patient's condition worsened with work conditioning, it is not appropriate to request more sessions of work conditioning. The patient has already been authorized for 10 visits over 40 hours which already exceeds ODG guidelines.

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

The patient has completed 10 visits/40 hours of work conditioning to date. The Official Disability Guidelines support up to 10 visits/30 hours of work conditioning, and there is no clear rationale provided to support continuing to exceed this recommendation. There are no exceptional factors of delayed recovery documented. The patient's physical demand level did not improve despite 40 hours of work conditioning. The patient had already reached his required physical demand level of medium-heavy prior to initiating the work conditioning program. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for additional 10 work conditioning sessions 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**