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**An Independent Review Organization**

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**Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Physical Medicine And Rehab

**Description of the service or services in dispute:**

Work Conditioning X 10 visits, 3 hours per day up to 30 hours

**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)

**Patient Clinical History (Summary)**

The patient is a male whose date of injury is xx/xx/xx. The patient sustained a nondisplaced sacral ala fracture as well as a right sacroiliac joint widening with mild pubic symphysis disruption. The patient underwent a course of physical therapy. Follow up note dated 09/03/14 indicates that the patient is still having some urine leaking. On physical examination the patient has functional active range of motion of both upper and lower extremities. There was no caution seen in the use of his left hip. Progress note dated 10/23/14 indicates that the patient is doing well at this time. He has 4/10 pain at most. Functional capacity evaluation dated 10/28/14 indicates that 11 of 14 objective tests for validity of effort were invalid indicating that the test results are invalid and may not represent the client's maximum functional ability. Required physical demand level is reported to be heavy. Functional capacity evaluation dated 11/13/14 indicates that current PDL is light-medium and occasional. The client scored 4 of the tests performed as invalid. Initial request for work conditioning x 10 visits, 3 hours per day up to 30 hours was non-certified on 11/03/14 noting that a recent functional capacity evaluation was not a valid study. A valid functional capacity evaluation would be required prior to consideration for treatment in the form of a return to work program such as a work conditioning program. The denial was upheld on appeal dated 11/21/14 noting that the submitted functional capacity evaluation indicates that the patient scored 4 of the tests performed as invalid which is a significant improvement when compared to initial functional capacity evaluation which had 11 out of 14 invalid tests. The patient exhibited moderate complaints of pain and high pain behaviors.

***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 and has completed a course of physical therapy. The patient's initial functional capacity evaluation performed on 10/28/14 notes that 11 of 14 objective tests for validity of effort were invalid indicating that the test results are invalid and may not represent the client's maximum functional ability. The patient subsequently underwent a second functional capacity evaluation on 11/13/14 which again noted that the patient presented with invalid testing. Per progress note dated 10/23/14, the patient is doing well with 4/10 pain at most. Given the lack of a valid functional capacity evaluation, medical necessity is not established in accordance with the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for work conditioning x 10 visits, 3 hours per day up to 30 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 and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)