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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 visits of work hardening

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male. On xx/xx/xx, the patient injured his lumbar spine and thoracic spine region while he was lifting and continued working doing lifting and other activities in the days that followed, when the injury seemed to have gotten worse.

On December 3, 2014, and November 18, 2014, handwritten progress notes are documented, which were illegible.

A computerized tomography (CT) scan of the thorax with contrast on December 9, 2014, showed atelectasis in both lungs and non-specific mediastinal lymph nodes.

A magnetic resonance imaging (MRI) scan of the lumbar spine on December 19, 2014 showed stable appearance of lumbar spine with right paracentral disc protrusion at L4-L5, degenerative disc bulge at L5-S1 that was stable, incidental hemangioma of L2 vertebral body that was stable. An MRI of the thoracic spine without contrast showed mild degenerative changes without fracture or spondylolisthesis.

On April 7, 2015, evaluated the patient for thoracic and lumbar spine pain. He reported he had continued pain and did six visits of physical therapy (PT) without improvement. The patient had been doing home exercise program (HEP) and taking medications after PT. Examination showed positive Kemp's test and straight leg raise (SLR) test indicating nerve root irritation/compression. Milgram's test was positive at 5 seconds. Six more additional visits of PT were recommended.

On April 9, 2015, a functional capacity evaluation (FCE) was performed. The results indicated significant deficiency between the required job level and the patient's current functional ability. The observation revealed maximum exerted effort.

From April 17, 2015, through May 4, 2015, the patient attended six visits of PT.

On May 6, 2015, recommended continued light duty restrictions, but unfortunately until the patient was able to be released 100% without any light duty restrictions, he was unable to return to work.

In a psychological consultation, stated the patient had behavioral issues that would be appropriately addressed in a multidisciplinary program. The patient should be treated daily in a multidisciplinary program with both behavioral and physical modalities. The patient did not display any psychosocial or pain behaviors that need to be addressed in a different type of program or which would prevent successful participation and return to work following completion of a multidisciplinary program.

An FCE completed on May 14, 2015, indicated there was significant deficiency between the required job level and the patient's functional ability. The patient performed at the medium physical demand level (PDL) against his job requirements in the heavy PDL.

Per utilization review dated May 19, 2015, the request for 10 visits of work hardening was denied with the following rationale: *"Based on this information, the peer clinical reviewer has determined that this specific medical service was not medically necessary and/or appropriate. Since there was no objective evidence of occupational lumbar pathology, it means that the December 19, 2014, occupational event was limited to a soft tissue strain. There is no evidence of any aggravation. It is now seven months post-injury claim date. Any occupational strain resolved long ago. There is no medical explanation provided what objective identifiable occupational lumbar pathology is present currently that explains and accounts for the patient's alleged psychological issues and alleged physical dysfunction that reasonably prevents return to work. Recommend non-certification."*

A response to denial was given on May 20, 2015.

Per a reconsideration review dated May 28, 2015, the request for 10 visits of work hardening was denied with the following rationale: *“The claimant is currently diagnosed with a sprain/strain which resolves within six to eight weeks based on the peer reviewed literature. The claimant has already exceeded this timeframe. No objective findings have been identified on diagnostic studies which would have prevented the normal resolution of a sprain/strain within the recommended timeframe which the claimant has already exceeded. No significant psych issues should have been caused by a sprain/strain injury. There is no evidence that the claimant has reached a plateau from the PT already provided prior to this request. There is no evidence of attempts to return this claimant to modified work duties or full duty work status prior to the current request. A return to work duties has the best long-term outcome per ODG, even if the claimant requires a gradual transition to full duty work status. There is no written job verification from the employer for this claimant to return to, nor is there a job description/job demand per the employer to support the current request. This claimant should be capable of modified work duties with a gradual transition to full duty work status as advised by ODG. The current request does not meet the ODG criteria. Based on the documentation provided, objective and subjective findings, this request is not medically reasonable and necessary. Non-authorization is advised.”*

On May 29, 2015, responded to the denial.

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

Based on the medical records this appears to be only a mild soft tissue injury and there has not been any objective evidence to support otherwise. He is at medium and only one level away from heavy per the notes by his treating physician. A return to work duties has the best long-term outcome per ODG, even if the claimant requires a gradual transition to full duty work status. There is no written job verification from the employer for this claimant to return to, nor is there a job description/job demand per the employer to support the current request. Therefore, the current request does not meet ODG criteria and the decision is upheld.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES