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Notice of Independent Review Decision

Case Number:

Date of Notice:

Review Outcome:

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

Pediatric Orthopedics And Orthopedic Surgery

Description of the service or services in dispute:

Work Hardening 10 sessions, 70 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 who reported an injury on XX/XX/XX. The mechanism of injury was a fall. Records indicate that the patient underwent open reduction internal fixation of left radial head fracture on XX/XX/XX, left elbow ulnar nerve transposition and radial head excision on XX/XX/XX and debridement of the proximal radius and placement of radial head prosthesis on XX/XX/XX. It was noted that the patient was treated with medications, home exercise program, physical therapy, injections, and activity modification, with no improvement.

The patient underwent a Functional Capacity Evaluation on XX/XX/XX, which indicated that the patient was functioning at a medium physical demand level. During the Functional Capacity Evaluation, the patient rated his pain a 7/10. The patient's muscle strength was 2+/5 in the left upper extremity. The patient was able to lift 25 pounds from floor to knuckle, 12 inch to knuckle, and above the shoulder. The patient was unable to carry a box. He was able to push/pull 190 pounds. During the physical examination, there was moderate pain and swelling in the elbow with weakness. The patient had limited, painful range of motion with crepitus. There was tenderness over the lateral aspect of the elbow. There was an equivocal Tinel's sign noted at the

medial aspect of the ulnar nerve.

The patient underwent a psychosocial screening on XX/XX/XX to ascertain emotional factors related to his injury. Records indicate the patient scored like individuals who are not experiencing any anxiety, depression, or hostility. The results were noted as questionable as the patient admitted ongoing issues with anxiety. The treating physician indicated that cognitive behavioral modification, relaxation training, coping skills, and communicating groups could be helpful for the patient. Work hardening was recommended for the patient.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The decision to deny work hardening, 10 sessions, 70 hours, should be upheld.
Per the Official Disability Guidelines' criteria for admission to a work hardening program, the guidelines recommend work hardening as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with a goal of return to work.
The clinical documentation indicated the patient reported that physical therapy had "helped some." The Functional Capacity Evaluation reported that the patient was functioning at a medium physical demand level, and his job required a heavy physical demand level. However, there was a lack of evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. There was no evidence of exceptional clinical findings or specific job related deficits or goals that were identified to substantiate a necessity of continued interdisciplinary intervention. A specific defined return to work goal or job plan was not provided.
Based on the information provided, the decision to deny work hardening, 10 sessions, 70 hours, shoulder be upheld.

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 AHCPR-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 Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)