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DATE OF REVIEW: 12/30/2015

Date of Amended Decision: 1/21/2016

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program x 80 hours/ units as an outpatient for diagnosis of trigger thumb right thumb between 11/11/2015 and 12/27 2015.

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

M.D. Board Certified in Occupational Medicine and Urgent Care.

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)

PATIENT CLINICAL HISTORY [SUMMARY]

The patient is a beneficiary who has filed a claim for chronic thumb pain reportedly associated with an industrial injury on XX/XX/XX.

Thus far, the claimant has been treated with the following: Analgesic medications; earlier thumb surgery of XX/XX/XX; and unspecified amounts of postoperative physical therapy.

On a Utilization Review report dated XX/XX/XX the claims administrator failed to approve a request for a work hardening program for the thumb. The claims administrator stated that the claimant did not have significant deficits which would compel the work hardening program at issue. The claims administrator contended that the claimant could return to work without said work hardening program. The claimant and/or treating provider subsequently appealed.

In a XX/XX/XX work hardening program request letter, the treating provider stated that the claimant had undergone earlier thumb surgery and 18 sessions of physical therapy. It was stated in one section of the note that the claimant apparently tested within the medium physical demand level. The note was somewhat difficult to follow and incongruous; for example, it was stated in other sections of the note that the claimant did NOT meet multiple medium job level requirements.

On XX/XX/XX, the claimant reported ongoing issues with thumb pain. The claimant exhibited good range of motion about the thumb, albeit with some discomfort noted on extremes of range of motion. The treating provider reported that the claimant was using occasional hydrocodone for pain relief.

In a behavioral medicine visit dated XX/XX/XX, the claimant was described as having issues with somatic symptoms disorder and major depressive disorder (MDD). It



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was acknowledged that the claimant was off of work as of this point in time. The claimant was reportedly taking unspecified anti-depressant medications for pain, the name of which the claimant was reportedly unable to recollect.

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

Per ODG references, the requested "Work Hardening Program x 80 hours/ units as an outpatient for diagnosis of trigger thumb right thumb between XX/XX/XX and XX/XX/XX" is not medically necessary. As noted in ODG's Forearm, Hand, and Wrist Chapter Work Hardening topic, one of the primary criteria for pursuit of a work hardening program is evidence that the claimant has a specific defined return-to-work goal or job plan which has been established, communicated, and documented. Here, however, there was no mention of whether or not the claimant did or did not have a job to return to. It was not clearly stated that the claimant's employer was willing to take the claimant back following completion of the program. ODG's Forearm, Hand, and Wrist Chapter Work Hardening topic also notes that the results of an initial mental health evaluation may suggest that other treatment options other than work hardening program may be required. Here, the claimant's evaluating psychologist acknowledged on XX/XX/XX that the claimant had not, in fact, optimized mental health treatment prior to the request for a work hardening program being initiated. There was no mention of the claimant's having received psychological counseling, nor did it appear that the claimant had maximized treatment with psychotropic medications prior to the request in question being initiated. Finally, ODG also notes that claimants undergoing work hardening should have a valid work-related musculoskeletal deficit precluding the ability to safely achieve current job demands. Here, the treating provider acknowledged on XX/XX/XX that the claimant had tested within the medium physical demand level (PDL) on an earlier functional capacity evaluation. It did not appear that the claimant had significant musculoskeletal deficits which would have prevented or precluded the claimant's safely returning to work. It appeared that whatever residual deficits the claimant might have could have been sufficiently remediated in the context of returning to work on a trial basis. As noted previously, however, the treating provider did not definitively establish that the claimant in fact had a job to return to. Since multiple ODG criteria for pursuit of work hardening had not seemingly been met, the request is not indicated. Therefore, the request is not medically necessary.



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

- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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