C-IRO Inc.

An Independent Review Organization
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Description of the service or services in dispute:
Work hardening program, XX sessions for XX arm, XX times per week for XX, XX per session. XX

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified Family Medicine

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

- ☐ Overturned (Disagree)
- ☑ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History:
XXXX who was diagnosed with crushing injury of XX forearm XX XXXX sustained a work-related injury on XXXX, when XXXX XX arm XXXX. The additional diagnoses were unspecified fracture of unspecified forearm, subsequent encounter for closed fracture with routine healing and pain in XX arm.

On XXXX for the follow-up on XX hand / arm injury. XXXX had been seen by XXXX, where a joint injection was performed for pain. XXXX pain had improved, but the tingling sensation continued. XXXX continued to take XXXX prescribed by an orthopedic. The examination showed the XX forearm and hand with healed surgical wound scar and XX fingers with decreased range of motion. XXXX XX handgrip was decreased compared XX left hand.

A DWC Form-73 was completed by XXXX, stating that XXXX would be allowed to return to work as of XXXX with restrictions, which were expected to last through an undetermined date. XXXX activity restrictions included pushing / pulling, grasping / squeezing and wrist flexion / extension for two hours per day. The restrictions were specifically applicable to the XX arm. XXXX could not lift / carry objects more than 5 pounds for more than 12 hours per day.

On XXXX for the continued pain in the XX arm, and the pain worsened due to XX from going from XX to XX. On examination, XXXX was not able to move the XX fingers.

An MRI of the XX wrist and XX forearm dated XXXX, revealed evidence of prior internal fixation of the XX radius and XX. There was persistent defect at the articular surface of the XX XX secondary to irregular fragment healing. Severe arthrosis was noted at the XX radioulnar joint with a small joint effusion. There was XX XX of the XX relative to the XX radius. There was prominent X and swelling over the XX aspect of the XX forearm and wrist, extending along the XX XX.

Treatment to date included medications, joint injection (with relief in pain), and surgical intervention (hand surgery in XXXX, open XX hand surgery and XX in XXXX).

Per a utilization review determination letter dated XXXX, the request for a work hardening program 10 sessions for XX arm XX times per week for XX to XX weeks, XX hours per session was noncertified. Based on the guidelines, work hardening was recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening program was recommended for those who have mild psychological barriers, have a job to return to, and have a job that requires medium or higher physical demand level. An objective functional improvement from prior therapy was not established, as there were limited medicals submitted for review. In addition, a specifically defined return-to-work goal or job plan was not clearly addressed. Exceptional factors were not identified as well. A second peer-to-peer was conducted with peer designee, XXXX who stated that there was no psychosocial screening to assess for barriers performed prior to entry into the work hardening program. It had been greater than two years since the date of injury, and XXXX did not have a job any longer. XX initially was 29.2 percent., and after 10 sessions of work hardening, the hand dexterity testing was 36 percent, which led to the assessment of "fair" progress in the program. The demonstrated improvement after 10 sessions in the hand dexterity testing was therefore less than 7% improvement. Based on the information provided, guidelines reviewed, and peer discussion, the request was not medically supported at the time and thus, noncertified. Review of additional medical records indicated XXXX had a XX performed and scored 40, which was consistent with severe depression. Work hardening programs were recommended for those who have mild XX, not severe, have a job to return to, and have a job that required medium or higher physical demand level. XXXX's severe depression further supported the determination of noncertified.

A utilization review determination letter dated XXXX indicated that the reconsideration request for work hardening x10 sessions for the XX arm XX times a week for XX to XX weeks, XX hours per session (XX) was noncertified. Rationale: "Per evidence-based guidelines, work hardening treatment is not supported for longer than 1-2 weeks without evidence of patient compliance, and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. In XXXX case, it was noted that the patient had completed 10 of 10 scheduled sessions of work hardening program; however, a comparative finding from the previous behavioral assessment had no significant objective changes to support additional rehabilitation. There were no additional medicals noting significant objective changes in the medical records submitted to overturn the previous denial of the request. The prior non-certification is upheld."

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

Based on the clinical information provided, the request for Work hardening program, 10 sessions for XX arm, three times per week for three to four weeks, six hours per session is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that based on the guidelines, work hardening was recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality

programs. Work hardening program was recommended for those who have mild psychological barriers, have a job to return to, and have a job that requires medium or higher physical demand level. An objective functional improvement from prior therapy was not established, as there were limited medicals submitted for review. In addition, a specifically defined return-to-work goal or job plan was not clearly addressed. Exceptional factors were not identified as well. A second peer-to-peer was conducted with peer designee, XXXX who stated that there was no psychosocial screening to assess for barriers performed prior to entry into the work hardening program. It had been XX years since the date of injury, and XXXX did not have a job any longer. XX initially was 29.2 percent. After 10 sessions of work hardening, the XX testing was 36 percent, which led to the assessment of "fair" progress in the program. The demonstrated improvement after 10 sessions in the hand dexterity testing was therefore less than 7% improvement. Based on the information provided, guidelines reviewed, and peer discussion, the request was not medically supported at the time and thus, noncertified. Review of additional medical records indicated XXXX had a XX performed and scored 40, which was consistent with severe depression. Work hardening programs were recommended for those who have mild psychosocial barriers, not severe, have a job to return to, and have a job that required medium or higher physical demand level. XXXX severe depression further supported the determination of noncertified. The denial was upheld on appeal noting that per evidence-based guidelines, work hardening treatment is not supported for longer than XX weeks without evidence of patient compliance, and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. In this case, it was noted that the patient had completed 10 of 10 scheduled sessions of work hardening program; however, a comparative finding from the previous behavioral assessment had no significant objective changes to support additional rehabilitation. There were no additional medicals noting significant objective changes in the medical records submitted to overturn the previous denial of the request. The prior non-certification is upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines require evidence of patient compliance, and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. The submitted clinical records fail to documentation significant and sustained benefit as a result of work hardening completed to date. Per note dated XXXX, the patient clinically continues the same. Additionally, the patient's date of injury is over XXXX. The Official Disability Guidelines note that the worker must be indicates more than XX years past date of injury. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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
- ☐ AHRQ-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)

Appeal Information

You have the right to appeal the IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.