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**[Date notice sent to all parties]:**

03/05/2019

**IRO CASE #:** XX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

work conditioning program XX days, XX XX

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

MD, Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

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

X Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a XX year old XX whose date of injury is XX. The patient XX the XX XX while XX a XX. The patient underwent arthroscopic XX reconstruction on XX. Functional capacity evaluation dated XX indicates that the patient is able to perform XX work, but did not meet the XX XX criteria required for the XX XX XX. The patient was recommended to begin a work conditioning program. The patient has completed approximately XX XX therapy visits. Office visit note dated XX indicates that pain is rated as 2/10. Current medication is XX. On physical examination there is no effusion and no swelling. There is diffuse anterior XX tenderness. Motor is improving as expected. Special testing is negative. Sensory exam is intact. The

initial request for work conditioning program was non-certified noting that the patient has participated in multiple sessions of postoperative XX therapy with benefit. However, objective assessment does not provide supportive documentation requiring work conditioning vs continued XX therapy. The denial was upheld on appeal noting that the most recent physical examination provided for review revealed full range of motion and negative provocative testing. There was no effusion or swelling noted of the XX XX, with only diffuse tenderness at the anterior XX. Objective findings were very limited in suggesting the need for a work conditioning program.

**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 conditioning program XX days, XX XX is not recommended as medically necessary. The initial request for work conditioning program was non-certified noting that the patient has participated in multiple sessions of postoperative XX therapy with benefit. However, objective assessment does not provide supportive documentation requiring work conditioning vs continued XX therapy. The denial was upheld on appeal noting that the most recent physical examination provided for review revealed full range of motion and negative provocative testing. There was no effusion or swelling noted of the XX XX, with only diffuse tenderness at the anterior XX. Objective findings were very limited in suggesting the need for a work conditioning program. There is insufficient information to support a change in determination, and the previous non-certification is upheld. It is unclear what significant benefit is expected for this patient with a work conditioning program given that the submitted functional capacity evaluation indicates that the patient is unable to perform any XX XX due to safety concerns with XX XX XX XX with attempted XX. The patient has completed extensive postoperative XX therapy beyond that recommended by the Official Disability Guidelines and remains unable to perform any XX XX. 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:**

**X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Fitness for Duty Chapter updated XX

Work conditioning, work hardening

XX