

Patient's Last Name:		First:	Middle:	Referring Physician:		Date of Injury:			
Social Security Number:			Date of Birth:	Height:	Weight:				
Employer:				Employer Address:					
Phone:		FAX:							
Insurance Carrier:				Provider:					
Address:				Address:					
Adjuster Name:				Provider Discipline <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DC <input type="checkbox"/> PT <input type="checkbox"/> PT					
Phone:				Tax ID Number:					
Phone:		FAX:		Other Conditions or Complicating Factors that May Affect Recovery:					
Diagnosis Specific to Industrial Claim:									
List from the patient's essential job functions, measurable objective requirements needed to return to work without restrictions (i.e.: lifting, carrying, grip, reaching overhead, standing or sitting duration, bending, etc.):*		Capabilities Recorded on First Visit		Capabilities on 8 <sup>th</sup> Visit		Capabilities on 14 <sup>th</sup> Visit		Capabilities on 20 <sup>th</sup> Visit	
		Date: _____		Date: _____		Date: _____		Date: _____	
Floor-Waist	Max Lb. _____ Freq. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____
Waist-Shoulder	Max Lb. _____ Freq. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____
Overhead	Max Lb. _____ Freq. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____
Carrying	Max Lb. _____ Freq. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____
Push/Pull	Horizontal force Lb. _____	Max. Lb. _____ Ft _____	Max. Lb. _____	Max. Lb. _____ Ft _____	Max. Lb. _____	Max. Lb. _____ Ft _____	Max. Lb. _____	Max. Lb. _____	Max. Lb. _____ Ft _____
Functional ROM O=overhead, S=shoulder, H=horizontal, K=knee, F=floor		O <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> F <input type="checkbox"/>		O <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> F <input type="checkbox"/>		O <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> F <input type="checkbox"/>		O <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> F <input type="checkbox"/>	
Grip Strength 2 <sup>nd</sup> grip span		Max. _____ REG _____		Max. _____ REG _____		Max. _____ REG _____		Max. _____ REG _____	
Pinch Strength		Key _____		Key _____		Key _____		Key _____	
		Palmar _____		Palmar _____		Palmar _____		Palmar _____	
		Tip _____		Tip _____		Tip _____		Tip _____	
Dexterity Test									
DASH Hand Function Sort									
Hours required to work per shift / Day		Hrs working / Day		Hrs working / Day		Hrs working / Day		Hrs working / Day	
Patient's Reported Average Pain Intensity (0 to 10 Scale)		/10		/10		/10		/10	
Patient's Reported Average Pain Frequency (% of the Day: 0-10-20-30-40-50-60-70-80-90-100%)		%		%		%		%	
Treatment Plan: (Visits 1-8, include frequency) <input type="checkbox"/> Manual Therapy <input type="checkbox"/> Manipulation <input type="checkbox"/> Therapy Exercise <input type="checkbox"/> Ultrasound <input type="checkbox"/> Electrical Stim <input type="checkbox"/> FCE Testing <input type="checkbox"/> ADL Instruction <input type="checkbox"/> Neuromuscular Re-education <input type="checkbox"/> Others (List):				(Visits 9-14)		(Visits 15-20)		Visits (21-26)	
Expected number of visits to reach stated functional goals:									
Attended/Prescribed Visits (Prescribed visits are those that should have been scheduled as per the plan of care)									
Provider Comments:									
Provider signature		Date:							
Payor: Approval for Future Visits <input type="checkbox"/> Yes <input type="checkbox"/> No				(Visits 9-14)		(Visits 15-20)		Visits (21-26)	
Payor Signature:		Date:							
Payor Comments									



## Restorative Services Authorization/Denial - UPPER EXTREMITY

### Glossary of Terms

**List the Essential Job Functions:** Use specific, functional, and measurable terms (pounds, degrees of motion, length of reach or carry, minutes of tasks, etc.) to describe tasks the individual needs to perform in order to return to their full duty work position. Clinicians can also identify those essential job functions that currently limit the client's ability to perform his or her usual duties. Clinicians are encouraged to discuss the physical demands of the position with both the client and the employer. The job description should then be compared to the client's current physical demands in order to identify the essential job functions that will be used as goals to ascertain whether or not the client is making acceptable progress with the treatment being given in returning to work. The goals should be described in objective, measurable, and functional terms. Examples include: 1) "occasional lifts of 30 lbs. from floor to shoulder height 2) able to perform light assembly work above eye level for up to 20 minutes at one time and 2 ½ hours a day, 3) able to be up on their feet for up to 2 hours at one time and 6 hours throughout the day," and 4) able to type for 45 minutes at one time without increased symptoms." Improvement in stated functional goals, hours worked, and subjective pain ratings will be used to determine whether or not further treatment will be authorized.

**Patient's Essential Job Functions:** Measurable objective requirements to return to work: listed as maximum weights able to be lifted from floor to waist, waist to shoulder, and to overhead levels; maximum weight able to be carried; and maximum horizontal force to push/pull.

**Functional Range of Motion:** This indicates the ability the individual has to functionally reach overhead, shoulder height, reach out horizontally, to knee height, and to the floor.

**Grip Strength 2<sup>nd</sup> Position:** Using a grip strength dynamometer at the 2<sup>nd</sup> position (typically the strongest position) measure the individual's grip strength. Measure three times to assess consistency of efforts.

**Rapid Exchange Grip (REG):** Assessing quick grip strength at the 2<sup>nd</sup> position on a grip strength dynamometer. Quickly gripping (less than a second in duration) for ten repetitions and measuring the maximum effort. REG efforts that do not exceed maximum efforts of standard grip strength at the 2<sup>nd</sup> position indicate a valid effort. Invalid efforts result from a REG that exceeds maximal efforts of the standard grip strength at the 2<sup>nd</sup> position.

**Pinch Strength:** Using a pinch strength dynamometer measure key pinch (thumb against lateral surface of 2<sup>nd</sup> digit), two-point (thumb against 2<sup>nd</sup> digit), and three-point (thumb against 2<sup>nd</sup> and 3<sup>rd</sup> digits.) Measure three times to assess consistency of efforts. Valid efforts will produce a three-point pinch that is stronger than efforts of two-point pinch. Invalid efforts will produce a two-point pinch that is stronger than efforts of three-point pinch.

**Purdue Pegboard:** This standardized manual dexterity test assesses the ability to manipulate small objects with the fingers, maintain a competitive pace, functional movement, and hand-eye coordination. Includes unilateral, bilateral, and assembly activities.

**Minnesota Rate of Manipulation:** This standardized manual dexterity test assesses the ability to manipulate pegs using the hands. This handling task also assesses ability to maintain a competitive pace, movement in the upper extremities, tolerance to repetitive activity, and hand-eye coordination and includes various unilateral and bilateral activities.

**Bennett Hand-Tool Dexterity Test:** This standardized manual dexterity test assesses the ability to use a variety of hand tools, maintain a competitive pace, and functional movements.

**VALPAR:** This standardized manual dexterity test assesses the ability to use a variety of hand tools, maintain a competitive pace and functional movements.

**Disability of the Arm, Shoulder, and Hand (DASH):** The DASH is a standardized assessment for perceived ability when completing daily tasks, ability to reach, recreational activities, symptoms and pain intensity. The following link is a copy of the DASH and how to score the form: <http://www.dash.iwh.on.ca/>

**Hand Function Sort:** The Hand Function Sort is a standardized perceived ability assessment for typical tasks an individual would participate in while completing daily activities, community tasks, and household chores. The following link is ordering information for the Hand Function Sort and how to score the form: [http://www.epicrehab.com/sorts/hfs\\_intro](http://www.epicrehab.com/sorts/hfs_intro)

**Hours Required to Work Per Shift/Day:** This should reflect the pre-injury average hours required per shift that the patient was required to work for a full day's work. On the 8, 14 and 20<sup>th</sup> visits, list the average numbers of hours per day the individual is currently working.

**Pain Intensity:** The individual will rate their pain on a 10 centimeter visual analog scale with "0" being no pain and "10" being worst imaginable.

**Pain Frequency:** Individuals rate what percentage of the day their pain is present, i.e. 0-10-20-30-40-50-60-70-80-90-100% of the day.

**Expected Number of Visits to Reach Stated Goals:** The clinician is to estimate from their experience treating patients with a similar condition, the number of visits required to meet the treatment goals.

**Treatment Plan:** General description of the indented plan of care for the patient. Changes to the program should be noted on the 8, 14 and 20<sup>th</sup> visits requests for authorization.

**Attended/Intended Visits:** The number of visits that the patient has attended divided by the number of visits the patient should have attended according to the treatment plan. In other words, if the patient should be receiving treatment three times a week but has only attended four times in the past three weeks, the result would be 4 (visits attended) with 9 (visits intended).

**Provider Comments:** Space is provided for the clinician to provide additional information regarding the patient not covered by previous sections.