DATE OF REVIEW: 4/25/07

IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Preauthorization for work hardening 4 hours per day for 10 sessions.

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

This case was reviewed by a board certified chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

Primary Dx Code	*Service Being Denied*	*Billing Mod*	*Type Review*	*DOS*	*Amt Billed*	*Date of Injury*	*DWC Claim #*	*Uphold / Overturned*
928.20	97545		Prospective					Overturned
928.20	97546		Prospective					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 4/10/07
2. Determination Notices – 2/18/07, 3/9/07
3. Operative Report – 11/3/06
4. DPM Records and Correspondence – 9/6/06-2/13/07
5. DC Records and Correspondence – 2/13/07-3/14/07

6. Records and Correspondence – 1/18/07-3/7/07
7. Records and Correspondence – 2/7/07
8. Preauthorization Request – 8/16/06-3/7/07
9. MRI & Diagnostic Reports – 8/28/06-9/19/06
10. Medical Group Records and Correspondence – 8/2/06-10/12/06
11. Products Records and Correspondence – 8/29/06-12/27/06
12. Diagnostics Records – 9/13/06

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury. Records provide no details regarding the mechanism of injury. Diagnoses have included a crush injury to his foot/heel, Achilles tendonitis, foot pain, tarsal tunnel, and retrocalcaneal spur. Evaluation and treatment for this injury has included work conditioning, surgery, x-rays, a nerve conduction study, and physical therapy.

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

This patient had a severe injury to this foot that required extensive surgery and post surgical therapy. Being in the heavy type of job description like this patient means that one has to be extremely stable on the feet. According to the functional capacity evaluation performed on 3/7/07, the member was at a medium level of physical demand and not at a heavy level. He had shown some good overall progress in the first 2 weeks of work conditioning and therefore he qualifies for the requested second 2 weeks of work conditioning at 4 hours per day. It would be expected that at the end of the second session he would be placed back to work in the same capacity to allow him to build strength and tone in his overall conditioning process. He still has a fair amount of pain, but all other aspects of his recovery show good improvement. In allowing the requested conditioning, his chances of returning to work within a shorter time frame are greater.

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

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **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 (PROVIDE A DESCRIPTION)**