

**REVIEWER'S REPORT**

**DATE OF REVIEW:** April 19, 2007

**IRO CASE #:**

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

Work hardening for 10 sessions

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

Chiropractor licensed in the state of Texas with 15 years of experience.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW**

1. Operative reports from MD, 11/14/2006
2. FCE performed by DC, 2/22/2007
3. Chiropractic Clinic records from 2/28/07 to March 13, 2007
4. Letter of defense from April 6, 2007
5. URA report of DC, March 16, 2007
6. URA report of DC, March 27, 2007

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This patient was injured on the job when she suffered a torn ACL. She underwent reconstructive surgery by Dr. and following a recovery period she underwent passive and then active care under the direction of Dr.. The patient's surgery consisted of a grafted ACL repair and was described in detail by the surgeon. There are minimal office notes which are presented to indicate exactly what has been attempted, but by the URA reviewer's statements and the implications of the reviews, the treating doctor had

attempted exhaustive active therapy to the patient and she was only able to work at a light status, while her job apparently required heavy work status.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The FCE demonstrates a need for advanced therapy in this patient's knee. The only question is whether the therapy that is proposed is the correct selection. The first reviewer for the URA, , DC, decided that it was not necessary to have a work hardening program because the ODG guidelines do not recognize them and because he could find no literature to support a knee injury being treated with work hardening. He also said that since the patient had depression, but was not taking any psychoactive medications, this was yet another reason for denial. I find each of these reasons to have one thing in common: they fail to answer the question of whether this patient is appropriate for WH. Simply referring to guidelines, a literature search and a lack of medications is not a reason to refuse preauthorization. The 2<sup>nd</sup> review, by DC, denied the work hardening because the patient did not have a job of which to return. This was, according to Dr. a requirement of the Work Comp Care Management guidelines. She also states that the patient quit her job, which had been modified, making her ineligible for work hardening. Each of these 2 reviews seems to skirt the issues at hand. In looking at the material that I have for review, the FCE indicates that the patient was in a heavy job capacity pre-injury and is now at a light capacity. Regardless of whether her immediate past employer is where she will be returning, her chosen field of work requires heavy and therefore we must recognize that this is a deficit that cannot be overlooked. There is also concern about the wording of the psychological involvement in this case. It is true that the patient is not participating in a psychopharmacological program administered by a MD or DO psychiatrist. However, this is not a requirement for work hardening. The reported findings of LCSW-BCIA indicate that the patient has severe depression, which certainly would require immediate emergency medical intervention. I can find nothing that would support such a finding, but the description of the patient's mental state is consistent with those seen in the typical work hardening patient and likely need to be addressed in a group setting. In choosing between work conditioning and work hardening, it is appropriate and mandatory to consider the patient's mental state as well as the patient's ability to work. If a guideline does not address work hardening for a body part, this does not necessarily mean that the treatment is immediately disqualified. In healthcare, the patient is taken the way that he/she is found and a treatment program is tailored for such a patient. Guidelines are only a template and have margin for error, just as any other type of literature that is published. This patient clearly meets the needs for advanced intensive care on the right knee, work hardening is the most appropriate type of therapy and I suggest that this case be approved for 10 sessions of work hardening.

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

*(Check any of the following that were used in the course of your review.)*

**INDEPENDENT REVIEW INCORPORATED**



- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)