



PROFESSIONAL ASSOCIATES

DATE OF REVIEW: 04/12/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of a work hardening program (97545, 97546)

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

Licensed by the Texas State Board of Chiropractic Examiners

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A Functional Capacity Evaluation (FCE) with P.T. dated 11/22/06
A prescription from D.C. dated 12/01/06
A work hardening appeal from Ms. dated 01/08/07
A letter of denial from Insurance dated 01/17/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 11/22/06, an FCE with Ms. revealed the claimant functioned in the sedentary physical demand level and a work hardening program was recommended. On 12/01/06, Dr. prescribed a work hardening program five times a week for three weeks. On 01/08/07, Ms. wrote an appeal letter for the work hardening program. Insurance wrote a letter of denial for the work hardening program on 01/17/07.

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

Based upon the claimant's current stated condition with regard to his recovery, it appears he would be a good candidate for a work hardening program. The FCE did show some signs of psychological overlay with regard to his demonstration of abilities, but there were no enough factors to disqualify his provided effort. Psychological overlay would be expected to be somewhat normal with regard to this claimant's condition, as it has now moved into a chronic situation, and he is postsurgical and still reasonably symptomatic. Those psychological overlay issues should be addressed during the work hardening program as he undergoes group therapy and addresses the other psychological issues. I do not expect this to interfere with his ability to perform in work hardening program or ultimately his recovery. Therefore, my finding is for approval of the 20 sessions of a chronic pain management program, 97545 and 97546.

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 AND KNOWLEDGE BASE**
- 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)