

MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 6, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 Sessions – Work Hardening

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

Doctor of Chiropractic

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

- * Company Request for IRO, 07/19/07.
- * Reconsideration/Appeal Review, DC, 06/04/07.
- * Request for Review by IRO, County Healthcare, 07/03/07.
- * Medical Review Summary, DC, 05/10/07.
- * Request for Appeal, County Healthcare, 05/24/07.
- * Request for Additional Treatment, DC, 05/07/07.
- * Weekly Summary Checklist(s), DC, 04/26/07 – 04/20/07.
- * Behavioral Evaluation, LPC, 03/23/07.
- * Daily Progress Notes, DC, 04/16/07 – 04/30/07.

- * Script for Biofeedback Training, LPC, 04/18/07.
- * Treatment Plan/Quality of Care Notes, DC, 04/19/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient, while employed as a reports that he fell 5 feet and injured his right knee. The condition was originally diagnosed as a knee sprain. He had been employed for 8 months prior to this reported injury. He has had an MRI and orthopedic consult apparently resulting in a diagnosis of lateral meniscus tear and old disruption of the anterior cruciate (no orthopedic reports or imaging reports are submitted for this review). He was treated initially with conservative care and therapy. Clinical medical history is significant for anxiety, depression, MDD, hypertension, diabetes and hepatitis C as comorbidities. No medical, chiropractic or physical therapy examination report is provided for review. No functional capacity evaluation is submitted concerning specific functional deficits initially or ongoing. No specific or generalized deconditioning is evaluated. The patient is diagnosed with clinical anxiety and depression but no medication for this appears to be attempted. The patient appears to begin a work hardening program on or about 04/16/07. Treating chiropractor indicates that the patient had been working part-time but was taken off work in order to participate in the work hardening program. It is currently reported that the patient has no job to return to.

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

ODG – Official Disability Guidelines – Criteria for Admission to a Work Hardening Program suggests the following:

1. Physical recovery must be sufficient to allow for progressive reactivation and participation for a minimum of 4 hours per day for 3 to 5 days per week.
2. A defined return to work goal must be agreed to by the employer and employee. Including
 - a. a documented specific job to return to, Or
 - b. documented on the job training.

This decision is based on information that the patient was taken off work to participate in a work hardening program and that no apparent agreement has been made with the employer that the employee has a job to return to. In addition, this file lacks specific documentation objectively evaluating functional deficits supporting continuation of a

program of this nature. Appropriate medical evaluation and treatment for anxiety and depression has not been attempted.

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
* WORK LOSS DATA INSTITUTE
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)