

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 9, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed work conditioning program, 5 X week X 4 weeks

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

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

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 Diagnosis | Service being Denied | Billing Modifier | Type of Review | Units | Date(s) of Service | Amount Billed | Date of Injury | DWC Claim# | IRO Decision |
|-------------------|----------------------|------------------|----------------|-------|--------------------|---------------|----------------|------------|--------------|
| 729.1/ 739.1 | 97545 | | Prosp | 20 | | | | | Upheld |
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INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 75 pages of records received to include but not limited to:
Request for IRO; Various DWC forms (1, 73); letters, 11.13.06, 1.9.07, 6.4.07; notes, Dr. 7.1.05;
notes, Dr., 9.26.08-7.26.07; MRI shlder, 12.19.06; notes, Dr., 9.11.06; notes, Center, 9.3.06

URA records- a total of 34 pages of records received to include but not limited to:
letters, 6.26.07, 7.6.07; FCE 6.19.07, notes Dr, 6.21.07, 7.16.07

Requestor records- a total of 15 pages of records received to include but not limited to:
Request for IRO; Dr. notes, 7.16.07; FCE 6.19.07; letter 6.26.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured as a result of a work related injury. He was injured while moving a heavy oak desk with another employee. The claimant is post surgical for the shoulder on the date of 2.21.07. Since the surgery, the claimant has received post surgical rehab and there was a recommendation for work conditioning.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The supportive documentation provided for review does not clearly support the need for work conditioning. The FCE provided for review is invalid in regards to supporting work conditioning. The FCE has no valid basis. The FCE demonstrates that the "patient classified his job in the heavy level". An FCE has to be based upon a valid job description given by the employer. If the employer refuses to provide the information, it can easily be retrieved from another source such as the ONET or the DOT. A patient cannot be considered a reliable source of information to be used as a stand alone basis for an FCE. An unreliable FCE cannot be used as the basis for an entire tertiary care program such as work hardening.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- XX 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)