IRO Express Inc.

An Independent Review Organization
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DATE OF REVIEW: AUGUST 12, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Work Hardening

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board-certified in Internal Medicine and specialized in Occupational Medicine

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Denial Letters from URA June 14, 2007 and May 29, 2007
Dr. and staff, October 2006 to August 2007
Dr., January 2007
Dr., March 2007
Dr. Designated Doctor Report, June 4, 2007
Radiology Reports 10/6/07 and 11/7/07
4/2/07
Ortho 12/15/06
Initial Diagnostic Interview 3/22/07
Services 4/16/07, 6/14/07, and 8/6/07
Operative Report 1/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant was injured in a slip and fall in xx/xx/xx. She underwent right knee arthroscopy in January 2007. She underwent physical therapy in the post-operative period. In March 2007 she was diagnosed with adjustment disorder and major depressive disorder. This evaluation indicates prior diagnosis of depression with ongoing treatment with anti-depressants.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The claimant has undergone ten sessions of a work hardening program with little objective evidence of functional improvement. The goal of a work hardening

program is to advance the patient to a physical level that will allow a return to work. Ten sessions is adequate to determine if this goal can be achieved. Since objective improvement/progress did not happen, it is beyond medical probability that further work hardening would provide substantial benefit.

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)**