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DATE OF REVIEW: AUGUST 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening (6th week)

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

Doctor of Chiropractic, licensed in the State of Texas, and DWC ADL approved.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Work Hardening (final week - \$3000.00 billed)	97545 97546	10-13-07 10-17-07 10-18-07 10-19-07	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Explanation of Benefits –	12/19/06
Request for Independent Review –DC	05/18/07
Claimant’s treatment history –	06/20/07
Response letter to IRO request –	06/20/07

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the records, the claimant injured his knee on xx/xx/xx while at work. On xx/xx/xx, he sought care with Dr. who examined him and referred him to Dr. Xxxxxxx. Dr. examined him and ordered an MRI of the knee. On 04-12-06, an MRI of the knee was performed. The claimant was then referred to Dr. who examined and x-rayed the knee. The claimant returned to Dr. who began active and passive physical therapy to the knee for a total of 12 times from 05-30-06 through 06-28-06. Dr. referred the claimant to Dr. for a physical

performance examination. The claimant then was sent to Dr. for an impairment rating examination. The claimant was then sent to (licensed vocational counselor) for evaluation. The claimant was then sent to Dr. who evaluated and began work hardening to the knee from 08-29-06 through 10-12-06 for a total 25 sessions. Apparently, Dr. continued work hardening for an additional 5 sessions from 10-13-06 through 10-19-06.

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

The submitted records do not indicate any red flags suggesting any serious other health conditions, neurologically or pathologically. The claimant has received above the recommendations of the guides 12 visits of active and passive physical therapy followed by 25 sessions of work hardening and still no therapeutic benefit is documented. Based upon documentation provided, including lack of objective and lack of subjective findings, and evidence based medicine the work hardening is not medically necessary nor supported by the guidelines. The decision to deny the additional work hardening sessions is upheld. The information provided suggests the requested procedures are not medically necessary.

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

The ODG-TWC guidelines page 30 under "Procedure Summary" under "work hardening" ...It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, treatment should not exceed 2 weeks without demonstrated efficacy (subjective and objective gains).(Lang, 2003). The claimant should be at work with modified activities at least for a trial to establish tolerance. The examination findings do not indicate any red flags suggesting any serious other health conditions, neurologically or pathologically.

The ACOEM guidelines do indicate, once the claimant has recovered, a progressive return to normal work activities... continue to encourage daily exercise to maximize work activity tolerance and reduce recurrence. This has been accomplished thoroughly as noted in the records. Furthermore, the ACOEM guidelines Chapter 5, indicated "Prompt return to work in a capacity suitable for the worker's current capabilities and needs for rest, treatment, and social support prevents deconditioning and disabling inactivity, reinforces self esteem, reduces disability, and improves the therapeutic outcome in most individual cases and on an aggregate basis. . ill or injured workers can be temporarily placed in different jobs from their usual jobs (temporary duty), or their usual jobs can be temporarily modified to accommodate their limitations and remaining abilities (modified or temporary transitional work). Accommodation, with progressively fewer restrictions as healing occurs, generally has a greater chance of success; the highest success rates are achieved when workers return to a modification of their pre injury job. Disability management conveys respect for injured or ill employees and provides social support that hastens recovery"; "In order for an injured worker to stay at or return successfully to work, he or she must be physically able to perform some necessary job duties. This does not necessarily mean that the worker has fully recovered from the injury, or is pain free; it means that the worker has sufficient capacity to safely perform some job duties. Known as functional recovery, this concept defines the point at which the worker has regained specific physical functions necessary for re employment."