

IRO Express Inc.

An Independent Review Organization

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IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW:

8/29/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 8-21-2006 through 9-22-2006

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

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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

Request IRO form, MDR Request, Reviews letter 9-27-2006, 8-06-2006, Institute report 9-26-2005, 10-03-2005, 10-10-2005, 12-05-2005, 1-18-2006, 1-25-2006, 2-01-2006, 2-08-2006, 2-15-2006, 3-08-2006, 3-15-2006, 3-21-2006, 3-30-2006, 4-06-2006, Center 7-16-2007, Attachments 1 through 9 with associated attachments

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury, while working. The injured employee reported that the injury occurred when her knee was repetitively struck against a piece of equipment. The injured employee underwent PT, medication, injections, counseling, and chiropractic care.

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

The injured employee currently meets the required guidelines for a Work Hardening program according to the ODG Admission Criteria, CARF, Texas Workers Compensation Commission 1996, and criteria of the Texas Labor Code. The injured employee did appear to benefit from the program. The first 10 sessions were recommended as medically necessary by the carrier. The injured employee did enter into a CARF approved program.

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 (LISTED ABOVE)