



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/18/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE The item in dispute is the retrospective medical necessity of Work Hardening/Conditioning (97545 & 97546) from 3/26/07 through 4/10/07.

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

A Doctor of Chiropractic with greater than 10 years of experience.

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)

The reviewer agrees with the previous adverse determination regarding the retrospective medical necessity of Work Hardening/Conditioning (97545 & 97546) from 3/26/07 through 4/10/07.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records from Doctor/Facility: Dr. report-9/18/07 & 2/13/07; Initial Behavioral Medicine Consultation and Addendum-2/2/07, Work Hardening Daily Progress

Notes-2/19/07 – 4/10/07, Work Conditioning Discharge Summary-4/10/07; and Evaluation Summary Report-2/7/07, 3/9/07, & 3/28/07.
Records from Carrier/URA: Treatment History; ODG Guidelines; Diagnostic Inc Functional Ability Test-8/28/06, Physical Performance Exam-10/10/07;

The Carrier provided a copy of the ODG guidelines for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured in a work related accident on xx/xx/xx. The injured employee was working for xxxxxx as a when he slipped on a wet floor and fell backwards hitting the back of his head. He reported losing consciousness and approximately two days later was later taken to the emergency room where his condition was stabilized and he was released. The records reflect that he was restricted from work for one week by the emergency room and when the injured employee was returned to work he was terminated from the company. The injured employee later sought chiropractic care for his injuries complaining of head and neck injuries. The injured employee was treated utilizing conservative measures and was subsequently referred for a work hardening/conditioning program.

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

The reviewer states that a return to work program or work hardening/conditioning program should be considered as a goal oriented, highly structured, individualized treatment program. The program should be for persons who are capable of attaining specific employment upon completion of the program and not have any other medical, psychological, or other condition that would prevent the participant from successfully participating in the program. The patient should also have specifically identifiable deficits or limitations and have specific job related tasks and goals that the return to work program could address. The documentation provided does not support the clinical necessity of the program. Generic statements such as 60 minutes stretching, 90 minutes group exercise, and 120 minutes job simulation do not constitute adequate documentation. In addition, the injured employee tested at a medium duty capacity according to an FCE that was performed on 3-9-2007. The injured employee again demonstrated a functional ability at the medium level according to an FCE performed on 3-28-2007. It should also be noted that a previous FCE on 1-10-2007 demonstrated a light-medium duty. The ODG states, 'A return to work program should be completed in 4 consecutive weeks or less' and given the fact that the injured employee began a return to work program on or about 2-19-2007, the care under this review exceeds that timeframe and can not be recommended.

**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)