



IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: 12/13/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 97545 and 97546: 06/25/07 - 07/23/07 and FCE 97750 on 7/24/07

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

Master of Physical Therapy Degree
State Board of Texas Physical Therapy
Board Certified Orthopaedic Clinical Specialist Degree (OCS)
Certified Manual Physical Therapist (CMPT)

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

No ODG Guidelines
Explanation of Benefits: 06/25/07-07/24/07
MDR Request: 11/13/07
Letter of Medical Necessity: 09/25/07
Psychology Group Notes: 06/28, 7/10, 7/17 all 2007
Peer Review: 07/31/07

FCE's: 07/24/07, 06/15/07
FCE update: 06/18/07
Physician Initial Report: 05/04/07
Metroplex Diagnostics EMG 05/24/07
MRI report 05/08/07
X-ray report 04/30/07
Notice of Intent to Issue An Adverse Determination 05/09/07
Designated Doctor notice 07/19/07
Memo 07/11/07 from Dr to Dr.
Letter from Dr. 7/26/07
Letter from Dr. 7/31/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Employee was injured falling off ladder sustaining a lower back contusion. X-rays, MRI, and EMG showed: mild L5 and S1 radiculopathy, 5-6mm disc protrusion L5-S1, and disc dessication L4-5. The employee underwent chiropractic treatments through 05/24/07 x 15 treatments, and additional treatments 05/29/07-06/13/07. Work Hardening was then implemented 06/25/07-07/23/07.

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

After the initial injury, the injured employee was diagnosed with L4 weakness per Dr. intital report. MRI, X-ray, and EMG diagnostics confirmed pathology with L5/S1 radiculopathy and disc protrusion. Although the pathology levels found clinically do not directly correlate with diagnostic findings, the above states that true pathology is present to warrant pain and decreased work tolerance. Patient underwent multiple chiropractic treatments through 06/13/07 before any Work Hardening was initiated. Objective work limitations were documented warranting Work Hardening initiation. The peer review attached was based on information not including FCE's which clearly document initial work limitations and significant objective functional improvements from 06/25/07-07/24/07. Although the Reviewer agrees denying any further chiropractic treatments, Work Hardening is clearly necessary and effective in providing this employee with an improved work status. Lifting ability, pain, and endurance all improved from the Work Hardening visits dated above. ODG guidelines specify 28-84 day return to work pathway, with Work Hardening completed within 4 weeks. The employee completed the necessary program and based on the final FCE, should be able to return to work with minor modifications. Therefore, the Reviewer's medical assessment is that the Work Hardening program was medically necessary.

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)