DATE OF REVIEW: 02/09/2007

IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: The retrospective medical necessity of a work hardening program (97545 and 97546) from 5/1/06 through 5/11/06 is under dispute.

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 who specializes in rehabilitation.

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 disagrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: Records were received and reviewed from the treating doctor and from the insurance carrier. Records from the treating doctor consists of the following: 1/29/07 letter by Dr. 6/22/06 DC physician advisor review, survey report and documentation for 4/5/06 FCE, Preprogam evaluations by Work hardening weekly team conference notes by through 5/7/06, Psych issue and symptom checklists by 4/5/06 through 5-25-06, WH psychotherapy group notes by NBR through 5/11/06, work simulation notes 5/1/06 to 5/5/06, WH exercise sheets by NBR 5/1/06 to 8/12/06, pain description and production index forms by 5/1/06 to 5/11/06, 5/19/06 FCE, 6/20/05 CCH report, notes from MD 11/11/05 to 2/1/06 and electrodiagnostic tests of 3/22/05 and 6/14/05.

Records from the carrier include the following (in addition to any previously mentioned records): 7/19/06 physician advisor report by DC, 7/20/06 report by RN, handwritten ortho note of 5/17/04, notes by MD, notes from and Injury Clinic, SOAP notes from 10/29/04 through 03/30/06, RME report by MD, 5/16/05 report by MD, 6/22/05 right forearm MRI, OT daily progress notes by NBR, 11/22/05 surgical report, 10/17/05 to 10/31/05 procedure reports and Occ Med progress notes from NBR.

PATIENT CLINICAL HISTORY [SUMMARY]: The above-mentioned person was injured on while employed with. He fractured his right ulna during the incident. He was not treated surgically for the initial portion of this injury. However, in late 2005 he was treated by Dr. with a tenodesis and capsulodesis of the right hand. He had severe atrophy of the right upper extremity. A work hardening program was begun on 4/10/06. An FCE was performed on 4/5/06 indicating a lower medium PDL ability. The FCE after the WH program indicated he was at a lower heavy PDL.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. The report by Dr. indicates that she approved up to 5 weeks of a work hardening program. The report by Dr. indicates that a work hardening program is not indicated due to no documented deconditioning. However, the FCE of 4/5/06 shows elevated heart rate upon dynamic lifting activities into the mid 80 percentile range of his maximum heart rate according to the ACSM Guidelines. This indicates definite deconditioning. Upon reviewing the records, it appears that the injured employee benefited greatly from a functional standpoint from the program. His grip strength was generally the same after the program but static push and pull increased greatly during the program (between 100 to 200%). His lift abilities, cardiovascular and carrying abilities improved as well.

The requirements for a work hardening program include the following according to the Council on Chiropractic Physiologic Therapeutics and Rehabilitation Guidelines and Industrial Rehabilitation-Techniques for Success by Robin Saunders, PT.

1) Psychological component (that will not affect outcome of treatment)
2) Less than optimal PDL (physical component)
3) A job to return to or a job oriented goal
4) The job goal is attainable in less than eight weeks
5) The program is not medically contraindicated

This gentleman meets all 5 of the above components. The program increased his functionality and improved his ability to return to gainful employment as per TLC 408.021. Therefore, the service is medically necessary.

The entrance criteria per DWC include the following:

1. Persons who are likely to benefit from the program.
2. Persons whose current levels of functioning due to illness or injury interfere with their ability to carry out specific tasks required in the workplace.
3. Persons whose medical, psychological or other conditions do not prohibit participation in the program.

4. Persons who are capable of attaining specific employment upon completion of the program.

He likewise meets these criteria. This review covered only 10 days of treatment, which are at the end of a program, which began on 4/10/06. The reviewer agrees with Dr. the initial carrier reviewer, that this 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)** American College of Sports Medicine Guidelines as it pertains to maximum heart rate and deconditioning.