

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

DATE OF REVIEW: JULY 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of the work hardening program (97545/97546 WH-CA) that occurred from 12.28.06-2.14.07

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

The reviewer for this case is a Physical Therapist peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of physical therapy on a full-time basis.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.2	97545	WH-CA	Retro	20	xx.xx.xx	\$2560.00	xx/xx/xx	xxxx	Overturned
847.2	97546	WH-CA	Retro	84	xx.xx.xx	\$7808.00	xx/xx/xx	xxxx	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-90 pages

Respondent records- a total of 68 pages of records received to include but not limited to: letter, xx.xx.xx; Request of IRO; FCE, 1.29.07; Report, ESI, 11.8.06; Various DWC 73 forms; drug screen xx.xx.xx; X-rays Lumbar and Thoracic spine; MRI Lumbar Spine, 9.21.06; Rehab 2112 notes 1.2.07-1.4.07; Notes, 8.19.06-12.30.06; Notes, Dr, 8.31.06-11.2.06; notes Dr, 10.30.06; Report, Accident and Injury, 11.27.06

Requestor records- a total of 183 pages of records received to include but not limited to: MDR request, 6.5.07; Ltr of Medical necessity, 2.21.07; Accident and Injury notes, 11.17.06-12.13.06; Rehab 2112 12.20.06-2.15.07; FCE, 12.27.06, 1.29.07, 2.19.07; MRI L-spine 9.21.06

PATIENT CLINICAL HISTORY [SUMMARY]:

Client is a male employee of, who reportedly experienced a work related injury to his lumbar region on xx/xx/xx, as a result of lifting a metal frame (weighing approximately 60 lbs) and feeling an immediate sharp radiating pain in his mid to low back region. Initially, client was prescribed pain medications and returned to work; however, his symptoms continued to persist, leading him to seek additional care. Client underwent active and passive care, combined with conservative manipulative therapies, prior to enrollment in a work hardening program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The initial FCE, indicating necessity for work hardening, clearly reveals that client is unable to return to work and meet his PDL level. A psychological assessment also supported entry into a work hardening program. The interim FCE revealed continued necessity for work hardening, based on client not meeting his PDL requirements, combined with continued subjective complaints. Objective and subjective improvements were documented throughout the course of his work hardening program. In fact, upon completion of final FCE, all client's long term goals were met, and it was determined client could return to work at his previous PDL without restrictions. Work hardening not only was medically necessary, it appears it was also highly effective in returning this client to his pre-injury status.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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
- XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (DOT Work Descriptions, Guide to Physical Therapy Practice)
- XX OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (CARF Standards)