

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
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DATE OF REVIEW: July 10, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 1st 2 Hours, CPT 97545 WH-CA-GP, Dates of Service: 1/19/07; Work Hardening each hour, CPT 97546 WH-CA-GP, 97546 WH-CA-59, Dates of Service: 1/19/07; Physical Performance Test, CPT 97750, Date of Service: 1/19/07.

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

Board

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

Medical records from the Carrier include:

- Texas Department of Insurance, 06/26/07
- Texas Department of Insurance, 06/21/07, 11/22/06
- 12/07/06, 12/14/06, 12/15/06, 12/19/06, 12/21/06, 12/22/06, 12/26/06, 12./27/06, 12/28/06, 12/29/06, 01/02/07, 01/03/07, 01/04/07, 01/05/07, 01/08/07, 01/09/07, 01/10/07, 01/11/07,01/12/07, 01/16/07, 01/18/07, 01/19/07
- Request for a Review by an Independent Review Organization, 06/11/07
- Employer's First Report of Injury or Illness,
- Chiropractic, D.C., 09/11/06,09/20/06, 09/22/06,10/12/06,10/18/06,10/23/06, 11/06/06, 11/16/06,11/29/06, 12/04/06, 12/18/06, 12/18/06, 01/07/07, 01/08/07, 01/29/07, 02/13/07
- Texas Workers Compensation Work Status Report, D.C. 03/29/06, 10/12/06, 01/22/07
- D.C. 09/05/06
- D.C. 09/20/06
- D.C. 09/28/06
- D.C. MPT. 10/12/06, 10/17/06, 10/19/06, 10/20/06, 11/02/06, 10/25/06, 10/30/06, 10/31/06, 11/01/06, 11/03/06,11/06/06, 11/07/06, 11/08/06, 11/15/06,

- 11/17/06, 11/27/06, 11/28/06, 11/29/06, 12/01/06, 12/04/06, 12/05/06, 12/07/06, 12/08/06, 12/11/06, 12/12/06, 12/13/06, 12/14/06, 12/15/06, 12/18/06, 12/19/06, 12/20/06, 12/21/06, 12/22/06, 12/26/06, 12/27/06, 12/28/06, 12/29/06, 01/02/07, 01/03/07, 01/04/07, 01/05/07, 01/08/07, 01/09/07, 01/10/07, 01/11/07, 01/12/07, 01/12/07, 01/15/07, 01/16/07, 01/17/07, 01/18/07, 01/19/07, 04/09/07, 01/19/07, 01/03/07
- D. 10/13/06
 - D.C. 12/07/06
 - D.C. 12/07/06
 - Tech. 12/07/06
 - 12/18/06, 12/19/06, 12/21/06, 12/28/06, 01/03/07, 01/05/07, 01/09/07, 01/11/07, 01/16/07, 01/22/07, 01/23/07, 12/13/06, 01/26/07, 01/27/07
 - Appeals, 12/29/06
 - Department, 12/08/06
 - Transmission Verification Report, 12/20/06, 12/05/06, 12/07/06, 12/08/06, 12/12/06, 12/13/06, 12/20/06, 01/03/07, 01/12/07
 - Center, 10/23/06, 12/26/06, 10/27/06, 11/30/06, 11/09/06, 11/13/06, 11/20/06, 11/27/06, 11/24/06, 12/05/06, 12/06/06, 12/07/06, 12/20/06, 12/13/06, 12/12/06, 12/08/06, 12/05/06, 12/11/06, 12/12/06, 12/13/06, 12/20/06, 01/03/07, 01/05/07, 01/19/07, 01/29/07, 01/15/07
 - 12/18/06
 - 12/08/06
 - 12/08/06

Medical records from the Requestor include:

- Texas Worker's Compensation Work Status Report, D.C., 03/29/06, Chiropractic, D.C., 09/01/06, 09/02/06, 09/05/06, 09/06/06, 09/07/06, 09/08/06, 09/11/06, 09/12/06, 09/13/06, 09/14/06, 09/15/06, 09/19/06, 09/20/06, 09/22/06, 09/25/06, 09/26/06, 09/28/06, 10/02/06, 10/06/06, 10/07/06, 10/10/06
- D.C. 09/05/06
- MRI, 09/19/06
- Metroplex diagnostic,
- Texas Worker's Compensation Work Status Report, D.C. 12/12/06
- D.C., MPT., 10/12/06, 10/19/06, 10/20/06, 10/23/06, 10/24/06, 10/25/06, 10/26/06, 10/27/06, 10/30/06, 10/31/06, 11/01/06, 11/03/06, 11/06/06, 11/07/06, 11/08/06, 11/11/06, 11/10/06, 11/13/06, 11/14/06, 11/15/06, 11/16/06, 11/17/06, 11/20/06, 11/21/06, 11/22/06, 11/24/06, 11/27/06, 11/28/06, 11/29/06, 11/30/06, 12/01/06, 12/04/06, 12/05/06, 12/06/06, 12/07/06, 12/08/06, 12/11/06, 12/12/06, 12/13/06, 12/14/06, 12/15/06, 12/18/06, 12/19/06, 12/20/06, 12/21/06, 12/22/06, 12/26/06, 12/27/06, 12/28/06, 12/19/06, 01/02/07, 01/03/07, 01/04/07, 01/05/07, 01/08/07, 01/09/07, 01/10/07, 01/11/07, 01/12/07, 01/15/07, 01/16/07, 01/17/07, 01/18/07, 01/19/07
- D., 10/13/06
- Letter of Medical Necessity, D.C. 04/09/07

Medical records from the URA include:

- Chiropractic, D.C. 09/01/06, 09/02/06, 09/05/06, 09/06/06, 09/07/06, 09/08/06, 09/11/06, 09/12/06, 09/13/06, 09/14/06, 09/15/06, 09/19/06, 09/20/06,

- 09/22/06,09/25/06, 09/26/06,09/28/06, 10/02/06, 10/0606, 10/07/06, 10/10/06, 10/12/06, 10/19/06, 10/23/06, 10/30/06, 11/06/06, 10/16/06, 11/28/06, 12/04/06, 12/18/06, 01/07/07, 01/08/07, 01/22/07, 01/29/07, 02/13/07
- Texas Worker's Compensation Work Status Report, 10/12/06, 01/22/07

Medical records from include:

- Report of Medical Evaluation, D.C. 12/07/06
- D.C., 12/07/06
- D.C., PT., , Tech. 12/07/06

PATIENT CLINICAL HISTORY:

The patient's clinical history is that he is. He is employed at t as a delivery driver. When he was unloading a cabinet, he felt his back pop and he dropped the cabinet on his left ankle.

The patient went for chiropractic on, by D.C.

The patient has had MRI scans of the lumbar spine and left ankle. The patient had an EMG study on. There were x-rays taken that revealed posture abnormalities. An MRI revealed flattening of the lumbar lordosis, desiccation of the disc at L4-5, and a left paracentral disc protrusion at L5 of approximately 3 mm. The ankle MRI revealed some mild soft tissue swelling. The EMG revealed no suggestion of peripheral neuropathy and possible S1 radiculopathy on the left, but does not correlate to clinical findings or MRI findings.

The patient also saw, D.C., N.M.D., who placed him at maximum medical improvement as of December 7, 2006, with a 5% whole person impairment rating.

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

On review of the medical records, the denial of work hardening is upheld.

The patient was placed at maximum medical improvement on December 7, 2006. The dates of service for the work hardening and physical performance evaluation were well after the MMI date. Additionally, there was no need for work hardening because the diagnosis and level of injury does not support the services. My opinion is based on the Official Disability Guidelines and Chiropractic Guidelines.

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)