

Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW:

JULY 2, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 1/22/2007, 1/25/2005, 1/26/2007, 1/30/2007, 2/1/1007,
2/6/2007, 2/7/2007, 2/8/2007, 2/9/2007, 2/12/2007, 2/13/2007, 2/15/2007,
2/19/2007, 2/20/2007

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

AADEP Certified
Whole Person Certified
TWCC ADL Doctor
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request IRO form, IRO request and forms, MDR Request, 3-04-2007, EOB associated DOS, medical records 222 pages, WC/WH notes 1-22-2007 thru 2-22-2007, Psychological note from WH, Case summary report,

exercise sheet, PPE 3-26-2007, 2-14-2007, 1-18-2007, Job function sheet, Rehab 2112 program policy, Patient orientation sheet, work sim task sheet, patient resource list, Initial Rehab 2112 12-28-2006, Admission paper work 2112, retro review 3-4-2007, , Psychological notes 1-19-2007, Stress Survey 1-17-2007, Call Sheet Notes 12-27-2006 thru 3-26-2006, Liberty Pre-Auth 12-06-2006, TWCC 41, DWC 73 12-04-2006, Prescription Naprosyn 12-04-2006, Exam/SOAP, Fee Sheet, AOB, Accident & Injury Adm Forms, Dx/Tx forms, History, Consult, Patient Demo, MRI Brain 12-11-2006, MRI Knee 12-08-2006, X-ray knee, MRD request 6-04-2007

PATIENT CLINICAL HISTORY [SUMMARY]:

According to documentation the claimant sustained an injury to the right knee while working. Apparently the injured employee slipped and fell and struck his right knee on something inside his truck. He was transported to the emergency room, where he was diagnosed with a right knee sprain. The injured employee had an MRI of the right knee which was read as unremarkable. FCE reported decreased ROM and did not meet his job requirements. The injured employee was placed into a work hardening program.

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

The injured employee slipped and fell and sustained a sprain/strain injury to the right knee. MRI of the right knee was reported an unremarkable. Based on the medical records submitted and the lack of injury, medical necessity for a work hardening program has not been demonstrated. A work hardening program does not fall within the ODG. Thus, the Reviewer agrees with the determination of the Insurance Carrier.

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)