

# Parker Healthcare Management Organization, Inc.

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

**DATE OF REVIEW:** JUNE 21, 2007

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of ten (10) additional sessions of a work hardening program

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

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic 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
722.52	Work hardening program		Prosp	10					Upheld

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 276 pages of records received to include but not limited to: notes, 9.12.05-2.2.06; Notes; Note, Dr., 6.8.06; Notes 8.31.05-9.30.05; MRI L-Spine, 9.27.05; Notes, Group, 9.30.05-1.13.06; 1.23.06; Notes, (TX) 8.25.05-3.9.06; Note, Dr., 3.1.06; Notes, Dr., 4.21.06-12.13.06; Note, Medicine, 6.6.06; FCE, 10.12.06, 4.9.07; Report, Dr., 11.1.06, 5.1.07; report, 6.27.06; various preauth requests and notes

Requestor records- a total of 0 pages of records received to include but not limited to: Faxed Notice of IRO assignment and Request for records on 6.1.07; called and left msg for on 6.6.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured as result of a work related injury. The claimant apparently slipped on the floor while at work. The date of injury is listed. As a result, the claimant started having lower back pain and pain in the coccyx. Since the time of the accident, the claimant has received conservative as well as medicinal management and treatment. The claimant has been diagnosed with lumbosacral spondylosis without myelopathy, global myospasm's and intervertebral disc pathology. The claimant also received electrodiagnostic studies which demonstrated left L5 radicular disease.

**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 most recent functional capacity evaluation states that the claimant is required to function in the light physical demand level. The FCE did provide NIOSH testing results and apparently the physical demand level was determined based upon this isometric type of testing. There was a mention of dynamic lifting in the report but there was no report of any dynamic lifting outcomes. Dynamic lifting is used to determine true physical demand level and work capacity, isometric lifting outcomes provided by the lifting task cannot be used to determine physical demand level accurately because it is not a dynamic study. As a result, physical demand level cannot clearly be established and therefore there is no documentation to clearly support the need for tertiary care such as work hardening.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- XX 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
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- XX 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 (EPIC lifting information)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME focused guidelines (provide a description)