

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW:

6-12-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

WORK HARDENING/CONDITIONING

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

DOCTOR OF CHIROPRACTIC

- 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, letter dated 5-25-2007, TDI IRO request, letter non authorization dated 4-27-2007 and 5-16-2007, TDI letter 5-30-2007, Review Dr. MD dated 1-25-2007, pre-authorization request 4-25-2007 and reconsideration 5-15-2007 and associated request papers, of Texas report 4-11-2007, 3-14-2007, 2-12-2007, 2-07-2007, 1-12-2007, 1-12-2007 TDI, 12-11-2006,

11-30-2006, 10-30-2006, 9-22-2006, 8-25-2006, 7-12-2006, 6-09-2006, 4-26-2006, 3-30-2006, 10-30-2006, 2-28-2006, 1-23-2006, 12-12-2005, 11-14-2005, 20-24-2005, 9-19-2005, 8-25-2005, 7-26-2005, 6-27-2005, 6-03-2005, 5-05-2005, 4-06-2005, 3-09-2005, 2-25-2005, 1-25-2005, 1-11-2005, 3-07-2006, 7-26-2005, 6-28-2005, 6-23-2005, 6-16-2005, 5-31-2005, 5-19-2005, 5-10-2005, 5-03-2005, 4-26-2005, 4-19-2005, 1-17-2005, EMG/NCV 3-22-2005, 4-06-2006, 2-23-3006, 9-08-2005, 8-11-2005, 6-23-2005, 4-07-2005,

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured in an occupational injury. The claimant reported repetitive trauma to both the upper extremities. Eventually the claimant sought care at the Institute of Texas, this included therapy and diagnostics. She underwent surgery to her elbow and wrist, left elbow 1-21-2006 and right elbow on 9-18-2006. It does not appear that the claimant has returned to work and a request for a work conditioning program is being requested. The injured employee has been assessed at MMI and assigned an IR. The injured employee underwent an RME on 1-25-2007, which stated that the claimant is responding favorably to current treatment.

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

The injured employee underwent a bilateral ulnar nerve decompression and anterior transposition. The claimant has been responding to the current treatment protocol. It appears that the claimant is not and has not been currently working. FCE indicated that the claimant needed treatment. If in fact the claimant has not been working and current therapy has been beneficial then a return to work program like work conditioning would be warranted in order to return the injured employee safely back to work.

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)