DATE OF REVIEW: 03/08/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

A Prospective Work Hardening Program is under dispute.

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

A Doctor of Chiropractic with greater than 10 years of experience.

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)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the treating doctor and from the insurance carrier and included the following.

Request for IRO paperwork
Letter 2-15-2007, 2-21-2007
Letter 2-6-2007, 2-12-2007
ODG Summary
Records
Work Hardening Reconsideration Letter
Duracon FCE 1-30-2007
Records from Dr. 9-20-2006, 10-18-2006
EMG from Dr. 11-24-2004
MRI right knee, left knee, right wrist, left wrist 5-24-2005

Reports from Dr. 11-13-2006
Report from Dr. 8-9-2005
Electrodiagnostics Study from Dr. 10-28-2005

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the records received and reviewed, the injured employee was injured in a work related accident on while working. The injured employee slipped and fell on a slippery floor landing on her knees and wrists. She sustained injuries to her knees and wrists from the work related accident. The injured employee originally went to Clinic for evaluation and management and then later to Dr. for surgery to both of her wrists. She underwent surgery to the right wrist in 2005 and surgery to the left wrist in 2006. The injured employee underwent diagnostic tests to include MRI's and electrodiagnostic studies. She later presented to Dr. for post-accident rehabilitative care. Dr. has prescribed Work Hardening for the injured employee, which is the focus of this review.

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

The entrance criteria for a return to work program as per DWC include the following:

1. Persons who are likely to benefit from the program.
2. Persons whose current levels of functioning due to illness or injury interfere with their ability to carry out specific tasks required in the workplace.
3. Persons whose medical, psychological or other conditions do not prohibit participation in the program.
4. Persons who are capable of attaining specific employment upon completion of the program.

The documentation does not support the medical necessity of work hardening. There is no detailed documentation addressing the need for a multidiscipline approach to rehabilitative care for the injured employee. A psychological component to the injured employee's condition is not clearly identified. In addition, the FCE performed states that the injured employee cannot perform various components of the FCE including some of the lift task testing. From a functional standpoint, if the injured employee is unable to perform the entrance examination in the form of an FCE, then it is unrealistic to expect the patient to fully participate in the Work Hardening program. The documentation also does not identify specific tasks required in the workplace that the injured employee could address in the work hardening program.

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)**