

DATE OF REVIEW: 03/15/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work conditioning (97545, 97546) five times a week for two weeks

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

Board Certified in Orthopedic Surgery

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

An MRI of the lumbar spine interpreted by M.D. dated 08/10/06
Physical Performance Evaluations (PPEs) with D.C. dated 07/19/06 and 08/16/06
PPEs with an unknown provider (no name or signature was available) dated 11/08/06 and 12/04/06
An evaluation with R.N.C. for M.D. dated 11/09/06
A letter of partial approval from R.N., Utilization Review Nurse, dated 11/17/06
A letter of adverse determination from R.N., Utilization Review Nurse, dated 12/08/06
An evaluation with Dr. dated 01/04/07

A Functional Capacity Evaluation (FCE) with P.T. dated 01/09/07
Preauthorization requests from D.O. dated 01/16/07 and 01/29/07
Letters of adverse determination from R.N., Utilization Review Nurse, dated
01/19/07 and 02/02/07

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the lumbar spine interpreted by Dr. on 08/10/06 revealed disc bulges at L3-L4 and L4-L5 with protrusions from L3 to S1. PPEs with an unknown provider on 11/08/06 and 12/04/06 revealed the patient functioned at the medium heavy physical demand level. On 11/09/06, Ms. recommended a work conditioning program and off work status. On 11/17/06, Ms. wrote a letter of partial approval for 10 sessions of work conditioning. On 12/08/06, Ms. wrote a letter of non-authorization for further work conditioning. An FCE with Mr. on 01/09/07 indicated the patient functioned at the medium physical demand level. On 01/16/07 and 01/29/07, Dr. requested further work conditioning. On 01/19/07 and 02/02/07, there were letters of non-authorization for further work conditioning from Ms..

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

This patient to date has received a total of 58 sessions of physical therapy per review of the medical records available. The patient had an FCE on 01/09/07 that revealed static leg lifts of 113 pounds. It is noted that literature reports of static leg lifts can roughly be equilibrated to an individual's ability to perform a single lift. There was also noted that the high near lift was 89 pounds, which would place the individual in a category of ability to perform heavy work. The patient being able to perform at that level should allow him to return back to his prior job duties, as this indicates he can function at that level. After having 58 therapy visits, the patient would appear to have reached his plateau, and no further supervised therapy would be indicated. The literature notes that returning to work often times is one of the best rehabilitation programs, as the patient's work activities are better simulated. ACOEM guidelines and ODG web-based guidelines both support this opinion. Therefore, the work conditioning (97545, 97546) five times a week for two weeks would not appear to be reasonable or necessary.

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

- X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE

- 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)**