

# MEDICAL REVIEW OF TEXAS

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**DATE OF REVIEW:**           **MAY 31, 2007**

**IRO CASE #:**

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

Work Hardening Program [9/28/06, 9/29/06, 10/2/06, 10/3/06]

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

MD, Board Certified in Family Practice

## **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**

- records (3/29/07, 4/19/07)
- review per Dr. (11/10/06)
- Dr. medical records (5/16/05 – 12/18/06)
- MRI Right Shoulder (2/6/06)
- Individual Psychotherapy notes (4/05 – 4/06)
- Dr. medical records (5/1/06, 5/10/05, 7/14/05)
- Dr. medical records (5/3/06, 12/12/05, 3/6/06)
- Dr. (5/11/06) – Prospective Review; fusion denied
- Operative report on shoulder and carpal tunnel (5/16/06)
- Physical therapy post op notes (5/06 – 9/06)

- FCE (9/21/06)
- Work Hardening Program notes (3/05) [End of 30 sessions]
- Group Psychotherapy notes (3/05)
- Massage therapy (3/24/05☺)
- Various EMG/NCS on multiple areas
- Lumbar myelogram with post CT (4/3/06)
- Dr. letters (1/13/07, 1/9/06)
- Biofeedback notes (9/05 – 2/06)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained multiple injuries from a fall. She had arthroscopic surgery in October 2004. She re-injured her knee during physical therapy in January 2005. She did 20 sessions of a Work Hardening Program ending in March 2005. Repeat MRI of her knee in 6/05 revealed a meniscal tear and surgery was recommended. Dr. performed a DDE on 8/17/05 with patient at MMI with 12% IR. This documentation was not provided but apparently was rescinded in January 2006 since knee re-injury was determined to be compensable. February 2006 MRI of right shoulder showed a rotator cuff tear. Shoulder surgery and carpal tunnel release was done on 5/16/06. A CT myelogram was done in April 2006 and was abnormal but request for fusion was denied. Patient underwent post surgical physical therapy starting in May 2006 through September 2006. Patient began another Work Hardening Program in September 2006 for four sessions. These sessions were denied and an appeal upheld that decision. Apparently the patient had a total knee replacement by Dr. in December 2006.

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

THIS PATIENT'S DATE OF INJURY WAS XX/XX/XX. HE HAD EXHAUSTIVE AND COMPREHENSIVE TREATMENT INCLUDING MEDICATIONS, ESI X 3, MEDIAL NERVE BLOCKS (NOT DOCUMENTED), HYPNOSIS, PHYSICAL THERAPY, GROUP AND INDIVIDUAL PSYCHOTHERAPY, BIOFEEDBACK, FACET INJECTIONS (NOT DOCUMENTED), ICE, HEAT, AND REST. IN FACT, THE PATIENT COMPLETED A WORK HARDENING PROGRAM OF 30 SESSIONS IN MARCH 2005. SHE HAD ARTHROSCOPIC SURGERY AND SUBSEQUENT TOTAL KNEE REPLACEMENT OF HER RIGHT KNEE AND EXTENSIVE RIGHT SHOULDER SURGERY TO REPAIR A TORN ROTATOR CUFF AND CARPAL TUNNEL RELEASE. UNFORTUNATELY, AS OF AUGUST 18, 2006 HER EMPLOYMENT WAS TERMINATED, SHE HAD SEVERE ANXIETY AND DEPRESSION, AND CHRONIC, RECALCITRANT PAIN RATED 8 OUT OF 10. A FCE ON 9/21/06 STATED SHE COULD NOT EVEN SUSTAIN SEDENTARY STATUS. NO GUIDELINES, LITERATURE, OR TEXTBOOKS SUPPORT THE RE-INTRODUCTION OF A WORK HARDENING PROGRAM IN A PATIENT WHO HAS COMPLETED A WORK HARDENING PROGRAM THE PRIOR YEAR WITH LITTLE IMPROVEMENT.

FURTHERMORE, THERE IS MINIMAL CHANCE IF ANY THAT SHE WOULD ACTUALLY BENEFIT FROM ANOTHER COURSE OF WORK HARDENING AS FAR AS DECREASED AND SUSTAINED PAIN RELIEF OR INCREASE IN FUNCTIONALITY. LASTLY, HER EMPLOYMENT WAS TERMINATED SO SHE CANNOT RETURN TO HER PREVIOUS JOB. THEREFORE, THE PRIOR DECISION IS UPHELD

**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)**