

CompPartners

DATE OF REVIEW: 5/24/07

IRO TRACKING #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied additional 10 work hardening program sessions (daily for two weeks).

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

Texas Licensed Physical Medicine & Rehabilitation Specialist

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)

Previously denied additional 10 work hardening program sessions (daily for two weeks).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Letter dated 5/16/07, 2 pages.
- Fax Cover Sheet dated 5/15/07, 2 pages.
- Notice of Assignment of Independent Review Organization dated 5/15/07, 1 page.
- Notice of Case Assignment dated 5/15/07, 1 page.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 5/11/07, 1 page.
- Request for a Review by an Independent Review Organization dated 5/11/07, 6 pages.

- **Determination Notification Letter dated 5/8/07, 4/26/07, 6 pages.**
- **Comprehensive Initial Examination dated 5/7/07, 3 pages.**
- **Follow-up Examination dated 4/18/07, 2 pages.**
- **Physical Therapy Prescription dated 4/18/07, 1 page.**
- **Work Hardening Program Summary Report dated 2/14/07, 2 pages.**
- **Functional Capacity Evaluation Summary Report dated 2/14/07, 22 pages.**
- **Work Hardening Program dated (unspecified), 2 pages.**
- **Providers list dated (unspecified), 1 page.**

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Patient's age:

Gender: Female

Date of Injury:

Mechanism of injury: Moving a washing machine.

Diagnoses: Lumbar strain, right lumbar radiculopathy.

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

This male sustained an industrial lower back injury. On that date, she was performing her usual occupational duties of a housekeeper. She was attempting to move a washing machine in order to clean, and she sustained a lower back lifting injury. She felt a “pop” in her lower back and noted acute low back pain. She was then sent to a company physician on the same day. She underwent a physician examination, and a lumbar MRI scan was ordered. She began physical therapy treatment, and this was of approximately six months’ duration with progression to aquatic therapy and weight training. The physical therapy/rehabilitation program was ineffective. In April 2005, she received an injection, which presumably was a lumbar epidural steroid injection, but again, this was not beneficial. The claimant denied any prior significant injuries. Physical examination findings as reported by Dr., based upon the comprehensive initial examination of the claimant indicated that the gait was normal with slowed cadence. There was no evidence of a leg length discrepancy or abnormal spinal curvature. The claimant was able to heel and toe walk; however, this caused lower back pain. There was lumbar spine diffuse tenderness from L1 to S1 levels. Bilateral sacroiliac joints were tender, more prominently on the left. The flip test or sitting straight leg raising was positive on the left. Lasegue’s test was negative bilaterally, as was the bowstring’s sign. Patrick’s test was positive bilaterally. Lower extremity pinprick and vibrational sense was intact. Lower extremity manual muscle testing was graded as 3/5 on the left and 5/5 on the right. Lower extremity distal pulses were intact. Lower extremity deep tendon reflexes were normal and symmetrical. Cranial nerve examination was normal and symmetrical. Lumbosacral spine range of motion was limited as follows: Lumbar flexion to 30 degrees, extension to 10 degrees, and side bending and rotational motion of each to 25 degrees bilaterally. Dr. diagnosed flexion/extension injury of the lumbar spine and right lumbar radiculopathy.

Dr. reviewed a previous functional capacity evaluation indicating that the claimant was capable of light duty work, and recommended a work hardening program. Dr. also prescribed Neurontin and Flexeril. The claimant received the initial 10 work hardening program sessions, and an additional 10 work hardening sessions were requested. Then on 4/26/07, the additional 10 work hardening sessions requested were non-certified, and this was upheld on an appeal on 5/8/07. The reasons for the non-certification included that the claimant was three years post injury, there was no defined return-to-work goal agreed to by the employer and the employee and because the progress in first 10 sessions of work conditioning program have been minimal. In summary, the requested additional 10 work hardening or work-conditioning program sessions is non-certified because this request does not fall within the Official Disability Guidelines as the claimant is beyond two years of the work injury, the claimant does not have some type of vocational agreement with the employer concerning a return to work mechanism that was previously agreed upon, and because the first 10 work conditioning program sessions did not demonstrates substantial objective documented progress to medically justify the remaining requested 10 work conditioning or work hardening program sessions.

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 AND TREATMENT GUIDELINES Official Disability Guidelines, Treatment Index, 5th Edition, 2006/2007. Low back— Work hardening/conditioning.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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)