

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: NOVEMBER 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Prospective medical necessity of 10 sessions of a work-conditioning program (5 x/week X 2 weeks).

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

Doctor of Chiropractic
Diplomate, American Board Chiropractic Orthopedics
Diplomate, American Board of Chiropractic Consultants
Diplomate, American Board of Forensic Professionals
Diplomate, North American Academy Of Impairment Rating Physicians
Certified, American Board of Independent Medical Examiners

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

1. Examination / treatment reports, MD (7/17/07-07/25/07), , MD (06/27/07-07/20/07), MD (DDE - 07/17/07), DC (06/20/07-09/20/07)
2. X-ray reports, lumbar spine, right knee & right forearm

3. MRI report lumbar spine
4. Adverse peer determinations, DC (10/05/07) and DC (10/19/07)
5. FCE by, OTR (07-02-07).
5. Position statement (11/13/07) for

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male, who sustained injuries to his lower back and right knee after falling when scaffolding collapsed on xx/xx/xx. He fell about 5 feet, landing on his back. He had multiple interventions, including physical therapy (2006) chiropractic (2007), and pain management.

MRI study of the lumbar spine (xx/xx/xx) showed mild to moderate degenerative disease at L5-S1 with minimum bulging, congenital narrowing of the spinal canal most pronounced at L2/3. MRI study of the right knee (xx/xx/xx) reported small to moderate amount of joint effusion, thickening of the anterior cruciate compatible with sprain without complete tear, 1 cm Baker cyst and bone contusion to the posterior aspect of the tibial plateau compatible with pivot injury. Updated MRI of the right knee on 7/9/07 as interpreted by Dr. (orthopedics) shows small area of contusion/bone bruise on the posterior lateral tibial plateau, with degenerative signal in the posterior horn of the medial meniscus. Subjective report to Dr. including continuing right knee pain with popping and occasional giving way. Past injections to the knee had helped temporarily. He was determined not to be a surgical candidate by Dr.

Pain management assessment on 7/17/07 was of lumbar discopathy with radiculopathy. Norco was prescribed, with recommendation for an ESI.

He apparently continues with difficulty, with ongoing right knee pain /stiffness and low back pain radiating into the right posterior leg. He has not worked since injury.

FCE 07/02/07 revealed an ability to lift and carry 41 pounds for 100 feet, but with "severe" pain, this was determined to fall in the light-medium physical demand level; with repetitive lift and carry (6 ft X 10 reps) he qualified for a light PDL, again with "severe" pain, and with waist to shoulder in qualified for sedentary-light PDL. Self-scoring functional outcome measures scored in the severe disability ranges. The conclusion was that he performed (over all) in a light physical demand capability, incapable of performing the physical demand for quite of him as a plasterer. Work hardening was recommended. The peer reviews denied the request based upon "no dynamic and static testing with coefficients of variation determine if the patient was providing a maximum effort during the tests". This is a little pedantic in my opinion, dynamic testing was in fact performed with results repeated above.

Coefficients of variation cannot be obtained with dynamic testing. Static lift testing is of minimal clinical value aside from providing a baseline for dynamic testing, as well as providing CV values. However, over-all effort can be assessed throughout the rest of the exam by the evaluator. In a gentleman that has been out of work for over a year and with ongoing pain complaints, I would expect some kind of "mixed effort", which is usually associated with a chronic pain patient.

Updated functional testing on 09/20/07 revealed elevated heart rate and high pain reports at 36 pounds (frequent box lift).

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

A work-conditioning program is a goal oriented and physically intensive rehabilitation and functional restoration program designed to act as a transitional phase between the sedentary life of the injured worker and the more labor intensive full day of work duties. It is designed to increase the injured employees functional abilities, allowing him or her to return to gainful employment with a lesser chance of re-injury and a higher probability of retaining their employment. Indications for referral to and admission into a work conditioning program is simply physical deconditioning, which has set in when a patient has been living a sedentary and generally low capacity lifestyle for an extended amount of time.

This has been documented through the physical capacity evaluation, which does not match the activity levels required of the patient if he or she were to return to gainful employment as a plasterer. Deconditioning is defined in lay terms as a decrease in functional capacity such as a reduction in strength or stamina or breathing capacity or cardiovascular capacity or activity tolerance. This is present in this gentleman, as documented by the functional testing, as would be expected as he has not worked for over a year and has on-going pain complaints. As such, it is my opinion that this gentleman satisfies the above requirements for a work-conditioning program.

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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
 - 1/ CARF Manual for Accrediting Work Hardening Programs
 - 2/ AMA Guides to the Evaluation of Physical Impairment, 4th Edition
 - 3/ The American Physical Therapy Association *Guidelines for Programs for Injured Worker's*, 1995
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)