

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: November 6, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program – five sessions x four weeks – total 20 sessions CPT Codes 97545 & 97546

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

Diplomate of the American Chiropractic Neurology Board

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Central MRI, M.D, 09/27/05
- Center, M.D., 10/28/05, 02/01/07

- Imaging, M.D., 11/01/05
- M.D., 01/22/06
- South Open MRI, M.D., 02/07/07
- Neurosurgical Center, M.D., 05/14/07, 06/27/07, 07/19/07, 08/29/07
- Spine & Rehabilitation Center, D.C., 05/16/07, 06/25/07, 07/11/07, 07/31/07, 08/01/07, 08/13/07, 08/29/07, 09/17/07, 10/01/07, 10/26/07
- Ph.D., 08/15/07
- M.D., 08/16/07
- Boards, 09/17/07, 09/21/07, 10/02/07, 10/09/07
- Official Disability Guidelines, 2007

Medical records from the Requestor include:

- Central MRI, M.D., 09/27/05
- Center, M.D., 10/28/05, 02/01/07
- Imaging, M.D., 11/01/05
- M.D., 01/22/06
- Open MRI, M.D., 02/07/07
- Neurosurgical Center, M.D., 05/14/07, 06/27/07, 07/19/07, 08/29/07
- Spine & Rehabilitation Center, D.C., 05/16/07, 06/25/07, 07/11/07, 07/31/07, 08/01/07, 08/13/07, 08/29/07, 10/26/07
- Ph.D., 08/15/07
- Clinic, M.D., 08/16/07

PATIENT CLINICAL HISTORY:

There are multiple notes from D.C., and a functional capacity evaluation that is presented regarding the patient who apparently is a . He works for the City of. Mechanism of injury appears to be that he was lifting a stretcher with a female who weighed approximately 185 to 195 pounds. He felt a burning sensation in his shoulders and cervical spine while carrying the stretcher, and while lifting the stretcher into the ambulance, he felt severe pain in his neck and shoulders.

An MRI of the left shoulder, performed on November 1, 2005, revealed rotator cuff tendinopathy involving the distal fibers of the supraspinatus tendon; a small joint effusion; and AC joint arthropathy with mild outlet related impingement.

An MRI scan of the cervical spine from February 7, 2007 reveals that there is a C5-6 posterior disc herniation of 4 mm indenting the thecal sac. At C6-7, there is a posterior disc herniation in the central and left lateral aspect indenting the thecal sac, as well as moderate right foraminal stenosis and left lateral spinal stenosis. There is a posterior protrusion with subligamentous herniation at C3-4 and C4-5 to a lesser degree.

There is a note from Neurosurgical Center indicating a postoperative decompressive laminectomy at C4, C5, and C6 from May 3, 2007, performed by, M.D., a neurosurgeon. The patient underwent post surgical rehabilitation performed by Dr..

Dr. is now requesting work hardening due to the fact that the patient's job duty is very heavy, and his functional capacity evaluation on August 1, 2007 indicated he was able to perform in the heavy PDC.

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

The request is for work hardening at five sessions a week for four weeks for a total of 20 sessions; these have been previously denied. I am going to overturn the decision based on the fact that the patient is attempting light duty and does request to go to full time duty at full workload. There have been recommendations from the physicians involved, Dr., Dr., Dr. and Dr., that the patient complete a work conditioning or work hardening program. I am going to recommend that the patient undergo work hardening. Therefore, based on the information that I have received, I would recommend work hardening for a total of 20 sessions, five sessions a week for four weeks.

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)**