

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: SEPTEMBER 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 Sessions of Work Hardening Program [97545, 97546]

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

- * denial letters [8/9/07, 8/27/07]. Notice of Disputed Issues [4/17/07]
- * Rehab. records – various dates
- * Dr. notes from 3/27/07 and 7/26/07
- * FCE per Therapist [3/29/07, 5/9/07]
- * MRI report on cervical spine [3/28/07] and lumbar spine [3/28/07]
- * Dr. notes [4/17/07, 5/10/07, 7/5/07, 8/21/07]
- * EMG/NCS tests performed 4/23/07
- * FCC forms – various dates
- * Dr. DDE/FCE [6/19/07]
- * Dr. note [4/23/07] including dictation

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained a work related injury. He had extensive conservative treatment including chiropractic care, medications, rest, electrical stimulation device, and a Work Hardening Program. Dr. did not consider the patient to be a surgical

candidate. He had multiple FCEs which showed significant improvement. A DDE by Dr. on 6/19/07 concluded patient could return to work with restrictions.

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

AS NOTED IN THE ABOVE REVIEW, PATIENT HAS SIGNIFICANTLY IMPROVED BY THE DATE THE REQUEST WAS MADE FOR A FURTHER WORK HARDENING PROGRAM FOR 10 SESSIONS. ALTHOUGH NO JOB DESCRIPTION WAS SUBMITTED, DR. NOTES THAT HIS JOB REQUIRES 40-60 POUNDS LIFTING AND CONSIDERABLE BENDING WHICH PATIENT HAS ACHIEVED. (OF NOTE, STATES JOB REQUIRES 100 POUNDS OF LIFTING.) THE MEDICAL RECORDS DO NOT SUPPORT THE MEDICAL NECESSITY FOR MORE SESSIONS OF WHP. HE HAS ACHIEVED THE PDL FOR HIS JOB.

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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
(PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**