



# PROFESSIONAL ASSOCIATES

## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/19/07 (AMENDED 10/29/07)

**IRO CASE #:**

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

Ten additional sessions of work conditioning

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

Board Certified in Orthopedic Surgery

### **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.

Ten additional sessions of work conditioning - Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Evaluations with, P.A.-C. for, M.D. dated xx/xx/xx, and 06/20/07

An evaluation with, M.D. dated 05/29/07  
An operative report from Dr. dated 06/05/07  
Evaluations with Dr. dated 08/08/07  
Staffing reports from, M.A. dated 09/10/07, 09/12/07, 09/20/07, 09/27/07, and 10/03/07  
Letters of denial, according to the ODG, from dated 09/17/07 and 09/18/07 and 09/26/07 and 09/27/07  
A Functional Capacity Evaluation (FCE) with, P.T. dated 09/19/07  
A prescription report from Dr. dated 10/01/07

### **PATIENT CLINICAL HISTORY**

On xx/xx/xx, Ms. recommended lumbar spine surgery. On 06/05/07, Dr. performed a bilateral L4-L5 discectomy. On 06/20/07, Ms. prescribed, and physical therapy. On 08/08/07, Dr. recommended a work hardening program. On 09/12/07, Mr. recommended 10 more sessions of a work hardening program. On 09/17/07, wrote a letter of denial for 10 more sessions of the work hardening program. An FCE with Ms. on 09/19/07 indicated the patient functioned at a medium-heavy physical demand level. On 09/26/07, wrote another letter of denial for further work hardening. On 10/01/07, Dr. recommended work conditioning.

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

The patient is allegedly very motivated to return to his prior job. He has a very physically demanding job of repairing automobiles and lifting transmissions. The patient has completed 10 sessions of physical therapy and has increased from the medium frequent and/or light medium physical demand level occasionally to the medium heavy frequent and medium heavy occasional physical demand level. In reviewing the medical documentation supplied to me, it appears the patient was making progress. The rationale by the precertification department to deny approval was that he was not making progress. In my opinion, the attached documentation does support the fact that the patient was making progress and should be allowed to complete 10 sessions (10 sessions only as the ODG does not allow greater than 20 sessions) of further work conditioning. That will improve the patient's chances of returning, if not to his occupation of origin, then to gainful employment.

### **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 AND KNOWLEDGE BASE

- 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)**