



Notice of Independent Review Decision

DATE OF REVIEW: 10/26/07

AMENDED DATE: 11/1/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the preciously denied work hardening with dates of service 5/10/07, 5/14/07, 5/15/07, 5/17/07, 5/18/07, 5/21/07, 5/22/07, 5/23/07, 5/24/07, 5/25/07, 5/30/07, 5/31/07, 6/14/07, 6/15/07 and 8/10/07. Functional capacity examination (FCE) / Physical Performance Evaluations (PPE) on 5/10/07, 6/6/07 and 8/10/07.

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

Texas Licensed Chiropractor

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)

The previously denied request for work hardening with dates of service 5/10/07, 5/14, 5/15, 5/17, 5/18, 5/21, 5/22, 5/23, 5/24, 5/25, 5/30/07, 5/31/07, 6/14/07, 6/15/07 and 8/10/07. FCE/PPE on 5/10/07, 6/6/07 and 8/10/07.

Injury Date	Review Type	Begin Date	End Date	ICD-9/DSMV	HCPCS / NDC	Service Units	Amount Billed	Upheld/Overturned
	Retro	5/10/07	5/10/07	847.0	97750	12	\$444.00	UPHELD
	Retro	5/14/07	6/5/07	847.0	97545	14	\$1792.00	UPHELD
	Retro	5/14/07	6/5/07	847.0	97546	76	\$4240.00	UPHELD
	Retro	8/10/07	8/10/07	847.0	97750	1	37.00	UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheet dated 10/9/07, 10/3/07, 8/1/07, 4/18/07.

- Confirmation of Receipt of a Request for a Review dated 10/3/07.
- Request for a Review by an Independent a Review dated 10/2/07.
- Review of Documentation dated 4/17/07.
- Notice of Case Assignment dated 10/9/07.
- Office Visit dated 8/10/07, 6/5/07, 6/4/07, 6/1/07, 5/31/07, 5/30/07, 5/25/07, 5/24/07, 5/23/07, 5/22/07, 5/21/07, 5/18/07, 5/17/07, 5/15/07, 5/14/07, 4/24/07.
- Letter of Medical Necessity dated 7/25/07.
- Program Daily Notes dated 6/6/07, 6/5/07, 6/4/07, 6/1/07, 5/31/07, 5/30/07, 5/29/07, 5/25/07, 5/24/07, 5/23/07, 5/22/07, 5/21/07, 5/18/07, 5/17/07, 5/16/07, 5/15/07, 5/14/07.
- Strength Exercise dated 6/6/07, 6/5/07, 6/4/07, 6/1/07, 5/31/07, 5/30/07, 5/25/07, 5/23/07, 5/22/07, 5/21/07, 5/18/07, 5/17/07, 5/15/07.
- Case Management Summary dated 6/12/07, 6/5/07, 5/29/07, 5/22/07, 5/15/07.
- Psychology Group Note dated 6/5/07, 5/22/07, 5/15/07.
- Report of Medical Evaluation dated 5/11/07.
- Designatated Doctor Evaluation dated 5/11/07.
- Impairment Rating dated 8/10/07, 3/29/07.
- Functional Capacity Evaluation Informed Consent dated 8/10/07, 6/6/07, 5/10/07.
- Patient Notes dated 7/24/07.
- Rehab 2112 Work Program dated 10/14/07.
- Patient Orientation and Education Checklist dated 5/14/07.
- Visual Pain Rating Scale & Pain Diagram dated 6/6/07, 5/10/07.
- Return to School or Work dated 5/29/07.
- Missed Appointment dated 5/29/07, 5/16/07.
- Work Hardening Excuse dated 5/29/07.
- Patient Referral dated 5/10/07, 4/13/07, 4/6/07.
- Stress and Lifestyle-Change Survey dated 5/10/07.
- Injury Impact Questionnaire dated 5/10/07.
- Position Description dated 8/06/07.
- Acknowledgement of Receipt Notice dated 5/10/07.
- Work Program Participant Intake Sheet (unspecified date).
- Summary of Maximal Physical Job Demands (unspecified date).
- Authorization and Assignment of Cause of Action dated 5/10/07.
- Notes dated 8/10/07, 6/6/07, 5/10/07.
- Script Service Request dated 8/1/07, 5/4/07.
- Notice of Compensability dated 5/7/07, 4/11/07.
- Patient Information dated 5/7/07, 4/20/07.
- Request of Records dated 3/29/07.
- Daily Progress Notes dated 5/4/07, 5/2/07, 4/27/07, 4/25/07, 4/24/07, 4/20/07, 4/19/07, 4/18/07, 4/17/07, 4/16/07, 4/14/07, 4/13/07, 4/12/07, 4/9/07, 4/7/07.
- Musculoskeletal Examination dated 4/23/07, 3/29/07.
- Work Status Report dated 4/23/07, 4/6/07.
- Instruction Sheet for the Patient dated 4/6/07.
- Internal Radiographic Report dated 4/6/07.
- Correction Sheet dated 4/12/07.
- Informed Consent dated 4/6/07.

- Assignment/Authorization dated 4/6/07.
- Verification of Non Pregnancy dated 4/6/07.
- Insurance Information dated 4/6/07.
- Diagnosis & Treatment Sheet dated 5/3/07, 4/27/07, 4/23/07, 4/19/07, 4/13/07, 4/6/07.
- Patient Information dated 4/6/07.
- Notice of TDI DWC Compensability dated 4/25/07, 4/23/07.
- Appointment Made dated 5/8/07.
- Central Scheduling dated 4/25/07.
- Employers First Report of Injury or Illness dated 3/30/07.
- Pre-Authorization Request Form dated 4/25/07, 4/6/07.
- Cervical Spine MRI dated 4/9/07.
- Brain MRI dated 4/7/07.
- Worker's DR Beneficiary's Notice of Injury dated 4/6/07.
- Employment Evaluation dated 8/10/07, 6/6/07, 5/10/07.
- Common ICD 9 Codes dated 4/6/07.
- Transmission Verification Report dated 8/1/07, 8/1/07, 6/6/07, 5/29/07, 5/16/07, 5/10/07, 5/4/07, 5/3/07, 5/1/07, 4/24/07, 4/19/07, 4/13/07, 4/6/07.
- Additional Forms (unspecified dates).

PATIENT CLINICAL HISTORY [SUMMARY]:

Age: xx
Gender: Female
Date of Injury: xx/xx/xx
Mechanism of Injury: The first mechanism was the patient was picking up trash and was struck in the head by a baseball.

Diagnosis: 847.0 – neck sprain, 920.0 – contusion to the face/scale/neck and a mild concussion.

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

This is xx-year-old female sustained a work related injury on xx/xx/xx while working as a at Middle School in the Independent School District. There are three different stated injury mechanisms. The first stated by a peer reviewer, Dr., DC, was that she was picking up trash and was struck in the head by a baseball. The second was stated from Dr., MD, and that she was picking up some trash out of a trash bin, when she pulled the trash bag out of the bin and hit her head on the wall. The third is stated by the FCE report that stated she was struck by a ball to the right side of her neck and right ear. The provided diagnoses include 847.0-neck sprain, 920.0-contusion face/ scale/ neck and mild concussion. There was also a discrepancy in the work demand levels of this claimant. One stated as medium duty up to 40 pounds by the patient, and one stated as heavy duty up to 100 pounds by the chiropractor allegedly from the employer. The claimant presented to a chiropractic provider, DC, on 4/6/07 who works for multidisciplinary facility. The examination on that date revealed a normal examination of the neurological system. Motor was 5/5 in the upper and lower extremities with normal 2+ reflexes in the upper and lower extremities. Cervical range of motion was mildly restricted in flexion at 50/60 degrees, extension was 30/60 degrees, left rotation was 50/80 degrees, right

rotation was 65/80 degrees, left lateral flexion was 25/45 degrees and right lateral flexion was 35/45 degrees. Lumbar ranges were normal. All orthopedic testing was negative. She complained of headache with pain rated 6-8/10 and neck pain rated 6-7/10 with radiation into the right arm. The remainder of the examination was normal. The radiology report on 4/6/07 of the cervical spine was negative for fracture. The claimant's history on that date revealed that she claimed that her symptoms had decreased since the injury. The claimant received chiropractic and physical therapy treatments. A board certified neurology chiropractor, DC, evaluated the patient on 4/24/07, who mistakenly had the age at 38 years old when she is xx. His examination also revealed normal reflexes, motor and sensory findings with tenderness at the mastoid tip on the right, and slightly posterior to the angle of the mandible. His diagnosis was moderate concussion to the right temporal area, persistent tinnitus of unknown origin and persistent right geocentric vertigo. An MRI of the cervical spine on 4/7/07 revealed an impression of flattening of the cervical lordosis, which may be due to muscle spasms or positioning and mild desiccation of C3 and C4 levels with no other findings. An MRI of the brain was performed on 4/7/07 and was normal. There was no baseline FCE performed or submitted to this reviewer's knowledge. The daily treatment notes from Dr., DC, through at least 5/4/07 (the date the FCE was ordered), and failed to establish any complicating factors or physical deficits to warrant an FCE or work hardening. There was no documentation reflecting an attempt at return to work in a modified capacity. There was a 5/10/07 FCE performed, which indicated that the claimant was capable of a light duty of a 25 pound demand level, and for a heavy duty job lifting 100 pounds per the employer. However, there was no form or documentation included from the employer to verify this. The patient claims a light-medium demand level is required lifting up to 40 pounds. There was also evidence on the actual FCE information that this claimant had an indicator of inconsistent effort with an 18% coefficient variation noted. The test also indicated that she was capable of performing up to 48 pounds on the leg lift and torso lift, up to 34.9 pounds on the arm lift, and high near lift was up to 65.3 pounds. Dynamic lifting and lowering tests revealed she stopped the test due to psychophysical reasons. Therefore, it would be this reviewer's opinion that this particular test and claim of only light duty capabilities may not be accurate, since the majority of the test revealed that she was capable of lifting from 34.9 up to 65.3 pounds with evidence of inconsistent efforts during testing. There was a letter of medical necessity from her chiropractic provider, with rebuttal information to the previous denial for work hardening, further diagnostic testing, further medical referrals, work conditioning, pain management or durable medical equipment (DME). The provider indicated that the patient stated to him that "the employer does not allow employees in the custodial position to return to work with restrictions". The provider opines that therefore, "The patient needs the further treatment in order for her to be able to return to work without restrictions". He also stated that the claimant had restrictions in ranges of motion that limited her return to a light duty. The provider also indicated that an interim FCE was performed on 6/6/07, and she was able to perform at a medium duty level at 60 pounds medium duty level, and had full range of motion. The current request is to determine the dispute resolution regarding previously denied work hardening with dates of service 5/10/07, 5/14/07, 5/15/07, 5/17/07, 5/18/07, 5/21/07, 5/22/07, 5/23/07, 5/24/07, 5/25/07, 5/30/07, 5/31/07, 6/14/07, 6/15/07 and 8/10/07 as well as for the FCE/PPE on 5/10/07, 6/6/07 and 8/10/07. This reviewer finds that this determination should be upheld as a denial. With reference to the ODG, Treatment Guidelines, 5th edition, web based version regarding work hardening as well as FCE's and PPE's was used to uphold this determination for denial. Reference to the work hardening section indicated that Use of

Functional Capacity Evaluations (FCE's) to evaluate a return-to-work showed mixed results. See the Fitness For Duty Chapter. Reference to that chapter indicated specifically that "Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed". It also states that "Scientific evidence on validity and reliability is limited so far." Reference to the consideration for an FCE includes such as the "case management is hampered by complex issues such as: Prior unsuccessful RTW (return to work) attempts. There does not appear to be documentation of an attempt or correspondence documented reflecting the claimant's employer actually verifying that no modified duties are allowed in the independent school district. Lastly, with evidence on the 5/10/07 FCE of inconsistent efforts by this claimant, this particular test should not be used to validate actual return to work capabilities. Additionally, even on the first visit of 4/6/07, this claimant had no neurological deficits recorded such as graded motor or muscle weakness deficits, no graded reflex deficits, no sensory deficits in a dermatomal pattern, and no evidence of atrophy or actual documented letter or form from the employer included in this packet which states that they will not allow her to return to work in a modified capacity as the employee claims. There was no cranial nerve pathology noted, there was no positive cervical MRI findings related to this injury, X-rays of the cervical spine were normal, and the brain MRI was normal. These physical examinations and diagnostic findings failed to establish a degree of physical deficit that would require further exploration with an FCE or PPE, and there was certainly no indication that a "work hardening program" was medically necessary given the inconsistent effort by the claimant during the FCE of 5/10/07. Therefore, it is this reviewers opinion that the work hardening dates of service of 5/10/07, 5/14/07, 5/15/07, 5/17/07, 5/18/07, 5/21/07, 5/22/07, 5/23/07, 5/24/07, 5/25/07, 5/30/07, 5/31/07, 6/14/07, 6/15/07 and 8/10/07 , as well as the FCE and PPE's performed on 5/10/07, 6/6/07 and 8/10/07 were not medically necessary and the determination is to uphold the denial.

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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

The ODG, Treatment index, 5th edition web based version 2006/2007 regarding neck complaints, work hardening and FCE-PPE testing.

<http://www.odg-twc.com/bp/847.htm#847.0>

http://www.odg-twc.com/odgtwc/low_back.htm#Workconditioningworkhardening

http://www.odg-twc.com/odgtwc/Fitness_For_Duty.htm#Functionalcapacityevaluation

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIRIOPRACTIC 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
