

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** OCTOBER 8, 2007

**IRO CASE #:**

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

Medical necessity of requested 10 sessions of a work hardening program

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

The reviewer for this case is a doctor of chiropractic, licensed by the Texas State Board of Examiners, and peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

## **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
Unk	Work Hardening program		Prosp	10					Upheld

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

TDI-HWCN-Request for an IRO-12 pages

Respondent records- a total of 63 pages of records received to include but not limited to: letter 9.20.07; ODG guidelines Lumbar/Thoracic ( acute & chronic) work conditioning, work hardening; letter, 7.12.07, 8.13.07; report, , 7.2.07; notes, Healthcare, 7.3.07, 7.9.07, 7.25.07; FCE 7.2.07

Requestor records- a total of 0 pages of records received to include but not limited to:

9.17.07-req for records sent to healthcare  
9.26.07-spk to who stated was going to fax records...not recv'd  
9.27.07-spk to again stated would fax records...not recv'd  
10.1.07-called again tld needed records today...she had both fax #'s  
stated she had sent them, told her resend them w/fax conf, and to call after  
she had refaxed records -no call, recv'd nothing

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured on the date of xx/xx/xx in the area of the lower back. The claimant was injured from a bending and lifting accident. The documentation reflects that the claimant has returned back to work at light duty. The claimant has also been to see a designated doctor.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The claimant has already met the most fundamental goals and standard of a tertiary return to work program, such as work hardening. This goal is to return to work, which the claimant has done. The designated doctor, who examined the claimant, did not report that the claimant needs to be off of work or that there is a need for continued care at the level of work hardening. Furthermore, taking the claimant out of a working environment that has allowed her to return back to work at a tolerable level of light duty would have a high probability of being counter productive.

**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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- XX 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)