

# P-IRO Inc.

An Independent Review Organization  
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## **DATE OF REVIEW:**

10-26-2007

## **IRO CASE #:**

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

Work Hardening Program 8 hours a day X 5 days a week x 2 weeks.

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

Doctor of Chiropractic- AADEP Certified  
Whole Person Certified  
TWCC ADL Doctor  
Certified Electrodiagnostic Practitioner  
Member of the American of Clinical Neurophysiology  
Clinical practice 10+ years in Chiropractic WC WH Therapy

## **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**

Request IRO form, MDR Request, Letter 9-05-2007 and 9-24-2007, 9-14-2007, Dr. dated 8-22-2007, Evaluation 8-28-2007, 8-13-2007. No ODG Guidelines

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee was involved in an occupational injury on xx/xx/xx when he injured his right shoulder. The injured employee underwent a MRI on 8-09-2007 followed by 12 sessions of therapy. He has now been recommended for 10 sessions of a work hardening program.

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

The injured employee currently does not meet the required guidelines for work hardening program per ODG Admission Criteria. The Reviewer was unable to locate an agreement between the employer and employee, specific job duties, specific job to return to, treatment plan for on-the-job training. Additionally the

injured employee has been assessed by a Designated Doctor and assigned a 0% IR. The Designated Doctor has addressed and recommended that the injured employee return to work full duty. Based on the medical records, there is not significant evidence to support the request for 10 sessions of a work hardening program.

**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)**