

P-IRO Inc.

An Independent Review Organization
1507 Frontier Dr.
Arlington, TX 76012
Fax: 866-328-3894

DATE OF REVIEW: *September 29, 2007*

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of work hardening

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

A Chiropractor with 11 years of treating patients in the Texas Workers' Compensation system as a level II approved treating doctor

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notes from MD dated 8/15/01, 1/22/03, 2/19/03, 3/25/03, 4/22/03, 5/20/03, 7/18/03, 8/16/03, 9/12/03, 10/13/03, 11/14/03, 12/12/03, 12/23/03, 2/5/04, 3/5/04, 4/8/04, 5/7/04, 6/4/04, 10/15/04, 11/16/04, 12/16/04, 4/1/05, 8/30/05, 1/4/06, 3/7/06, 5/9/06, 9/20/06, 1/10/07, 4/13/07, 7/12/07; notes from LCSW dated 3/28/07, ESI notes dated 12/17/03, 1/28/04, 3/24/04, 8/3/04, lower extremity CT dated 1/20/05, pelvis, l/r femur, l/r knee, l/r tib/fib, l/r ankle, l/r foot X-rays dated 1/4/05, low back CT dated 11/13/03, notes from DC dated 7/27/07, and notes from dated 8/23/07; No ODG Guidelines, Denial Letters July 27, 2007 and August 24, 2007.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on xx/xx/xx while working as a. He was walking up an incline and slipped and fell and twisted his right knee. He injured his right knee and lumbar spine.

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

The 10 sessions of work hardening are not reasonable or medically necessary according to the below referenced criteria. This injury occurred xx years ago on xx/xx/xx dragged out much longer than necessary. Passive treatment in the medical records has extended beyond the limits according to the criteria listed

below. It is no longer expected that patient will have a positive outcome for the work hardening this late post injury due to the closing of the window of recovery. Therefore, the 10 sessions of work hardening are not reasonable or medically necessary.

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)**