

Clear Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW: SEPTEMBER 30, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty Sessions of Work Conditioning Program

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

Board Certified, Internal Medicine

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)

I believe a total of fifteen (15) sessions of work conditioning is likely to provide the claimant with substantial benefit and I find this to be medically necessary. Therefore, I am partially overturning the previous adverse determinations and find that fifteen (15) sessions of work conditioning medically necessary for the claimant.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 8/9/07, 9/11/07
ODG Treatment/Integrated Treatment/Disability Duration Guidelines
Letter, 9/24/07
Letters, 8/3/07, 8/29/07
Functional Testing by 8/3/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant injured her knee (the exact mechanism is not provided), resulting in knee surgery on xx/xx/xx. She has been enrolled in a work hardening program with improvement in her physical capacity, as documented in the physician notes and by functional capacity evaluation. The claimant has been proposed for a work conditioning program for twenty sessions.

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

I have reviewed the ODG guidelines and the peer-reviewed medical literature concerning the use of work conditioning programs in the treatment of knee pain. Provided certain criteria are met, these programs can be beneficial in returning the claimant to his/her previous level of function. These criteria are met in this case. The patient has already had five sessions of work hardening. I believe a total of fifteen (15) sessions of work conditioning is likely to provide the claimant with substantial benefit and I find this to be medically necessary. Therefore, I am partially overturning the previous adverse determinations and find that fifteen (15) sessions of work conditioning medically necessary for the claimant.

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)