

RYCO MedReview

IRO REVIEWER REPORT – WCN

DATE OF REVIEW: 10/24/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten sessions of work conditioning five times a week for two weeks

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

Licensed by the Texas State Board of Chiropractic Examiners

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Ten sessions of a work conditioning program five times a week for two weeks - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Functional Capacity Evaluations (FCEs) with D.C. dated 04/05/07 and 07/25/07
Physical therapy with an unknown provider (the signature was illegible) dated 04/27/07, 05/09/07, 05/11/07, 06/04/07, 06/06/07, 06/11/07, and 06/13/07

A psychological evaluation with L.P.C. dated 05/08/07
Work conditioning with Ms. dated 07/25/07
A letter of denial, according to the ODG, from D.C. dated 08/03/07
A request for an appeal from Dr. dated 08/06/07
A letter of denial from D.C., according to the ODG, dated 09/04/07
A letter of request from Ms. dated 09/05/07
A letter of denial, according to the ODG, from Ph.D. dated 09/07/07
An undated treatment goals report for individual counseling from L.C.S.W.
A request for appeal letter from Ms. dated 09/27/07

PATIENT CLINICAL HISTORY [SUMMARY]:

According to an FCE with Dr. on 04/05/07, the patient functioned at the light physical demand level and physical therapy was recommended. Physical therapy was performed with an unknown provider from 04/27/07 through 06/13/07 for a total of seven sessions. Work conditioning was performed with Ms. on 07/25/07. An FCE with Dr. on 07/25/07 indicated the patient functioned at the light-medium physical demand level and a work conditioning program was recommended. On 08/03/07, Dr. wrote a letter of denial for work conditioning. On 08/06/07, Dr. wrote a letter of appeal for work conditioning. On 09/04/07, Dr. wrote a letter of denial for work conditioning. On 09/05/07, Ms. wrote a request for four sessions of individual counseling. On 09/07/07, Dr. wrote a letter of denial for the individual counseling. On 09/27/07, Ms. wrote a letter of appeal for the individual counseling.

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

Based upon the ODG physical therapy guidelines, the patient does meet the criteria for admission to such a program, including those stated by Dr. that the patient has shown progress under previous treatment and he is less than two years post injury. Therefore, my recommendation is for approval of the 10 sessions of work conditioning five times a week for two weeks.

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)**