

True Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: 10-04-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Conditioning Program 5 days a week x 2 weeks, 10 sessions

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

Chiropractor

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

letter dated 8/29/07, 9/5/07, 9/6/07, Medical report MD dated 7/20/07, 8/27/07, 6/15/07, 5/11/07, 4/16/07, Medical Center report dated 3/22/07, Medical report Dr. DC dated 8/29/07, Rehab notes Dr. 8/17/07, notes Dr. 7/26/07, 7/6/07, MRI Right Knee, Operative report Rt. Knee 5/1/07, No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury and eventually underwent right knee surgery several months ago. The injured employee has completed 12 sessions of post-operative therapy and 10 sessions of work conditioning. The injured employee has improved through the work conditioning program; however, is not at the required job demand levels. The injured

employee has apparently been approved for the initial 10 sessions of care which he has completed.

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 a return to work program according to the ODG Admission Criteria. The injured employee has already completed 10 sessions of work conditioning and does not meet his job requirement level at this time. The injured employee has made progressive improvements throughout the treatment program and it is in all medical probability that he would continue to do so. Therefore, in view of the above requested work conditioning program it would be 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)**