

Notice of Independent Review Decision

Date of Review: 10/16/07

IRO Case #:

Description of the Service or Services in Dispute:

Work hardening program provided from 04/16/07 04/30/07.

A Description of the Qualifications for Each Physician or Other Health Care Provider Who Reviewed the Decision:

The TMF physician reviewer is a board licensed chiropractor who is on the TDI-WC approved doctor's list and is familiar with the treatment or proposed treatment.

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.

It is determined that the work hardening program provided from 04/16/07 04/30/07 was not medically necessary to treat this patient's condition.

Information Provided to the IRO for Review:

- Information for requesting a review by an IRO – 09/28/07
- Table of Disputed Services – 04/16/07 to 04/30/07
- Fax to pursue an IRO – 09/20/07

- Referral from Dr. for FCE and Work Hardening – 04/05/07
- Explanation of Benefits - 04/16/07 to 04/30/07
- Report of functional capacity evaluation – 10/02/05, 05/02/07
- Report of Medical Evaluation – 02/08/07
- Report for Impairment Rating – 02/08/07
- Ergos Evaluation Summary Report – 04/10/07
- Office Visit Notes by Dr. – 03/22/07
- Work Hardening Progress Reports from Rehabilitation inc. – 02/28/07 to 03/16/07
- Work Hardening Daily Progress Notes – 04/16/07 to 05/01/07
- Group Therapy Notes – 04/16/07 to 04/25/07
- Psycho/Physical Therapeutic Group Note – 04/30/07
- Certificate of Medical Necessity for durable medical equipment – 04/17/07
- Initial Behavioral Medicine Consultation – 01/23/06
- Individual psychotherapy notes – 02/21/06 to 06/02/06
- Treatment Summary/Reassessment Individual Psychotherapy – 04/13/06, 06/02/06
- History and Physical by Dr. – 04/10/07

Patient Clinical History [Summary]:

This patient sustained a work related injury when he was working for a golf course and was hit on the left side of his neck by a golf ball. This resulted in injury to his cervical spine and left shoulder. The patient has been treated with medications, chiropractic care, physical therapy and participation in a work hardening program. He was placed at MMI by the treating doctor on 02/08/07 and given a permanent impairment rating of 5%.

Analysis and Explanation of the DECISION INCLUDE clinical basis, Findings and Conclusions Used to Support the Decision:

ODG's allow for work hardening programs for injuries of this nature. However, the guidelines do not allow for the intensity and duration this patient has received without appropriate documentation. The documentation that is provided in the form of the four hour FCE (Ergos Evaluation Summary) report dated 04/10/07 states the patient has a current job demand level of sedentary while his required job demand level is medium. This is very unusual seeing that the patient has been receiving treatment since his date of injury and had received 10 sessions of work hardening from 02/28/07 through 03/13/07. Merely based upon his FCE sedentary rating on 04/10/07, the 10 sessions did not adequately assist him in his desire to attain this appropriate job classification and return to the work force. The treating doctor felt that additional work hardening sessions would assist the patient. However, since the initial 10 sessions did not produce significant documented positive results, then it would not be reasonable to expect that an additional 5 to 10 sessions would produce favorable results.

Therefore, it is determined that the medical record documentation does not substantiate the medical necessity for the work hardening program that was provided from 04/16/07 through 04/30/07.

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
- AHCPH - 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 judgment, 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)