

IRO Express Inc.

An Independent Review Organization

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IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: 10/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

1. Work Hardening 90801 X 1 for the date 2/16/07
2. Work Hardening 97545 X 30 sessions for the dates 3/27/2007 thru 5/11/07
3. Work Hardening 97546 X 30 sessions for the dates 3/27/2007 thru 5/11/07
4. Work Hardening 97550 X 3 for the dates 3/27/07 thru 4/30/2007

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

Bachelor of Science Degree – Biomedical Science Texas A&M University

Master of Physical Therapy Degree (MPT)– UT Southwestern

Orthopaedic Specialist Certification (OCS)

Certified Manual Physical Therapist (CMPT)

Licensed Physical Therapist

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

Work Hardening Progress Notes 03/28/07-05/11/07

Psychotherapy Notes 03/28/07-05/11/07

Behavioral Consultation 03/16/07

FCE dates: 03/27/07, 04/13/07, 04/30/07, 05/11/07
Osteopathic Evaluation (Dr.) 03/27/07
Peer Review 05/21/07
Table of Dispute Services 02/16/07-05/11/07
Explanation of Benefits (EOB's) 02/16/07-05/11/07
No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee was injured while on the job. Per previous peer review, MRI/EMG tests conducted although no proof provided. The employee was described as seeing multiple doctors without clear medical problems as well as having physical therapy (no written evidence). Work Hardening and Psychotherapy was ordered 03/28/07-05/11/07 per Dr. D.O.

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

Injured employee completed 6.5 weeks of Work Hardening and Psychotherapy per D.O. orders. Although the employee showed significant increases in functional capacities, work limitations still existed. Pain levels were unchanged and employee still had work limitations. If no significant pathology was found in medical testing (no evidence for this review), there is no medical necessity for a 'cervical strain' greater than 6-8 months post-injury. The Injured employee was past the maximum ODG guidelines for return to work parameters at the time of the Work Hardening program. No additional P.T. was medically necessary 18 months post injury with prior P.T. already used. Therefore, the Work Hardening Program was not 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
 - APTA GUIDE TO PHYSICAL THERAPY PRACTICE