

Notice of Independent Review Decision

DATE OF REVIEW:

09/13/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Ten days of work hardening program (ten days for eight hours) 97545wh, 97546 x 6wh.

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

Board Certified Chiropractor

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

The medical necessity for the application of the requested course of work hardening is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 08/28/07
- MCMC Referral dated 08/28/07
- Letter dated 09/06/07
- DWC: Notice To MCMC, LLC of Case Assignment dated 08/28/07
- DWC: IRO Request Form dated 08/22/07
- DWC: Confirmation Of Receipt Of a Request For a Review dated 08/22/07
- LHL009: Request For a Review By An Independent Review Organization dated 08/16/07
- Pain and Recovery Clinic: Follow Up Evaluations dated 08/10/07, 07/27/07, 07/13/07, 06/29/07 from M.D.
- Letters dated 08/09/07, 07/23/07 from RN
- Pain and Recovery Clinic: Requests for Reconsideration dated 08/01/07, 07/17/07
- Pain and Recovery Clinic: Follow-Up Evaluations dated 07/13/07, 06/29/07 from, D.C.
- Pain and Recovery Clinic: Functional Capacity Assessment dated 07/10/07
- Pain and Recovery Clinic: Progress Note dated 07/10/07 from, LCSW
- Radiology Imaging Center: MRI thoracic and lumbar spine dated 06/25/07
- Pain and Recovery Clinic: Follow Up Testing note dated 06/21/07 from, LCSW
- Pain and Recovery Clinic: Patient Information Sheet dated 03/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a male who was allegedly involved in an occupational incident resulting in work related injuries. The history reveals that he reported low back and right index finger pain after a fall that allegedly occurred. The records indicate that he exhibited full lumbar ranges of motion but pain in flexion and extension. An MRI dated 06/27/2007 suggested the presence of a disc protrusion at L5/S1 with an annular tear and degenerative changes at the same level. An Functional Capacity Exam (FCE) dated 07/10/2007 revealed that the injured individual's occupation required a Physical Demand Level (PDL) of very heavy, however the test suggested that his PDL as of that date was at a medium level. The records indicate that the injured individual has participated in a litany of care including medication management, physical therapy and individual psychotherapy sessions.

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

The documentation fails to establish the medical necessity for the application of the requested course of work hardening. Specifically, the records indicate that the injured individual has participated in a litany of care including medication management, allopathic care, physical therapy, and individual psychotherapy sessions. The records indicate that the injured individual has progressed to the degree that lumbar ranges of motion are at or near normal values. It is also revealed in the documentation that the injured individual is functioning at a Medium PDL, which matches unfavorably with the pre-injury PDL of Very Heavy. However it is also noted in the documentation that the injured individual is seeking alternate employment at the conclusion of his course of treatment. The records indicate that the type or classification of job, which is currently sought, truck driver, requires a Medium PDL, which matches favorably with the current level of functioning. It is also noted that the injured individual does not have his original job to go back to and that the documentation does not include a detailed job description of the type of job, which is currently being considered alternatively as suggested by the Official Disability Guidelines (ODG). As such, the medical necessity for the course of physical therapy captioned above is not established.

This recommendation is consistent with the Official Disability Guidelines as well as the Guidelines of the American College of Occupational and Environmental Medicine (ACOEM).

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**
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**