

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of a work hardening program

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

The reviewer for this case is a doctor of chiropractic, licensed in the state of Texas and peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	Work hardening program		Prosp						Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 351pages of records received to include but not limited to:

FOL letter, 9.12.07; letters, 8.16.07, 8.28.07; notes, 11.17.05-3.10.06; Rehab notes, 7.18.06-7.26.07; Comprehensive reports, 9.12.04-8.16.07; Behavioral Health Group report 9.5.06; DWC forms, 1, 73, 69 various dates; FCE 11.10.06, 2.6.07, 7.27.07; HCFA for dos 11.10.06; report, Dr., 11.10.06; report, Dr. 12.21.05; report, Dr. 2.21.07; ODG guidelines were not provided

Requestor records- a total of 87 pages of records received to include but not limited to: Rehab notes, 7.18.06-7.26.07; notes, 11.17.05-3.6.06; report, Dr. 3.14.06-5.23.06; FCE 11.10.06, 2.6.07, 7.27.07; MRI C Spine, 6.8.06; MRI Rt Shlder, 6.13.06; MRI rt wrist 4.4.06; report, Dr. 4.4.06; report, Dr., 2.21.07; Memorial Discharge summary

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is having right wrist and hand pain that is reported as radiating up to the shoulder. This occurred as a result of a work related injury.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The claimant does not have a job to return too. The ODG chapter on forearm, hand and wrist injuries does not support tertiary intervention such as work hardening for this particular injury. The functional capacity study demonstrates that the claimant is at the light-median PDL demonstrating that they are capable of returning to the work force at an acceptable capacity. There was an IME that examined the claimant and determined that they were fit to return to work.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- XX 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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- XX 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)