RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 09/26/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening and work hardening each additional hour (97545-WH, 97546-WH) on 12/19/06, 12/20/06, 12/21/06, 12/22/06, 12/26/06, 12/27/06, 12/28/06, 12/29/06, 01/02/07, 01/03/07, 01/04/07, 01/05/07, 01/08/07, 01/09/07, 01/10/07, 01/11/07, 01/12/07, 01/15/07, 01/16/07, and 01/17/07

Functional Capacity Evaluations/Physical Performance Evaluations (97750 FCGP) 12/15/06 and 01/18/07

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

Licensed by the Texas State Board of Chiropractic Examiners

REVIEW OUTCOME

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

☐ Upheld (Agree)

☐ Overturned (Disagree)

X 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.

Work hardening (97545-WH) on 12/19/06, 12/20/06, 12/21/06, 12/22/06, 12/26/06, 12/27/06, 12/28/06, 12/29/06, 01/02/07, 01/03/07, 01/04/07, 01/05/07, 01/08/07, 01/09/07, 01/10/07, 01/11/07, 01/12/07, 01/15/07, 01/16/07, and 01/17/07 - Overturned

Work hardening each additional hour (97546-WH) on 12/19/06, 12/20/06, 12/21/06, 12/22/06, 12/26/06, 12/27/06, 12/28/06, 12/29/06, 01/02/07, 01/03/07, 01/04/07, 01/05/07, 01/08/07, 01/09/07, 01/10/07, 01/11/07, 01/12/07, 01/15/07, 01/16/07, and 01/17/07 - Upheld

Functional Capacity Evaluations/Physical Performance Evaluations (97750 FCGP) 12/15/06 and 01/18/07 - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness form dated 10/23/06
A Worker's or Beneficiary's Notice of Injury or Occupational Disease and Claim for Compensation form dated 10/23/06
Evaluations with D.C. dated 10/24/06, 11/06/06, and 11/08/06
TWCC-73 forms from Dr. dated 10/24/06, 11/08/06, and 11/27/06
A fee schedule from the claimant dated 10/24/06
A radiology note dated 10/24/06
An authorization and assignment of benefits form dated 10/24/06
A questionnaire and personal history from the claimant dated 10/24/06
A patient information form dated 10/24/06
A preauthorization request form from an unknown provider (no name or signature was available) dated 10/24/06
Chiropractic therapy with Dr. dated 10/25/06, 10/30/06, 10/31/06, 11/01/06, 11/03/06, 11/06/06, 11/07/06, 11/13/06, 11/21/06, 11/22/06, 11/27/06, 11/29/06, 12/01/06, 12/04/06, 12/06/06, and 12/12/06
An MRI of the lumbar spine interpreted by D.C. dated 10/27/06
Explanation of benefits forms dated 10/27/06, 11/27/06, 12/12/06, 12/13/06, 12/15/06, 12/18/06, 12/19/06, 12/20/06, 12/21/06, 12/22/06, 12/30/06, 01/11/07, 01/12/07, 01/16/07, 01/18/07, 01/26/07, and 03/02/07
Authorization letters, according to the ODG Guidelines, from dated 10/31/06 and 11/15/06
X-rays of the lumbar spine interpreted by Dr. dated 11/02/06
A Rehab 2112 patient release worksheet dated 11/08/06
A patient information form dated 11/08/06
Notes from an unknown person dated 11/08/06, 11/09/06, 11/20/06, 12/06/06, 12/15/06, 12/26/06, 12/27/06, 01/05/07, 01/15/07, and 01/18/07
An evaluation with M.P.T. dated 11/09/06
A letter of non-authorization according to the ODG dated 11/09/06
A preauthorization request form from D.C. and Ms. dated 11/09/06
A work program participant intake sheet dated 11/09/06
A summary of maximal physical job demands report dated 11/09/06

A reconsideration request from Dr. and Ms. dated 11/13/06
DWC-73 forms from D.C. dated 12/13/06 and 01/27/07
Chiropractic therapy with Dr. dated 12/13/06, 12/18/06, 12/30/06, and 01/16/07
A stress and lifestyle change survey dated 12/14/06
An impairment rating/billing form from Ms. dated 12/15/06
Functional Capacity Evaluations (FCEs) with Ms. dated 12/15/06 and 01/18/07
An evaluation with Psy.D. dated 12/15/06
An evaluation with D.C. dated 12/15/06
Work hardening with Ms. dated 12/19/06, 12/20/06, 12/21/06, 12/22/06, 12/26/06, 12/27/06, 12/28/06, 12/29/06, 01/02/07, 01/03/07, 01/04/07, 01/05/07, 01/08/07, 01/09/07, 01/10/07, 01/11/07, 01/12/07, 01/15/07, 01/16/07, and 01/17/07
A patient orientation and education checklist dated 12/19/06
Case management summaries with Ms. and various unknown providers (the signatures were illegible) dated 12/21/06, 01/02/07, 01/09/07, and 01/19/07
Psychotherapy with Ph.D. dated 12/21/06
Group psychology with Dr. dated 01/09/07
An impairment rating narrative with Dr. dated 01/26/07
A letter from Attorney at Law, dated 02/14/07
A Designated Doctor Evaluation with M.D. dated 03/09/07
A Medical Dispute Resolution/letter of medical necessity dated 07/25/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Chiropractic therapy was performed with Dr. from 10/25/06 through 12/12/06 for a total of 16 sessions. An MRI of the lumbar spine interpreted by Dr. on 10/27/06 revealed only mild flattening of the lumbar lordosis. On 11/06/06, Dr. recommended continued therapy and off work status. On 11/09/06, Ms. recommended therapy three times a week for two weeks. Chiropractic therapy was performed with Dr. from 12/13/06 through 01/16/07 for a total of four days. An FCE with Ms. on 12/15/06 indicated the claimant could function at the light medium physical demand level and a work hardening program was recommended. Work hardening was performed with Ms. from 12/19/06 through 01/18/07 for a total of 20 sessions. Psychotherapy was performed with Dr. on 12/21/06. On 10/31/06, Services wrote a letter of authorization for 10 sessions of physical therapy. On 11/09/06, Services wrote a letter of non-authorization for six sessions of physical therapy. On 11/13/06, Dr. and Ms. wrote a reconsideration request for six sessions of physical therapy. Services wrote a letter of authorization for the therapy on 11/15/06. Group psychology was performed with Dr. on 01/09/07. Another FCE with Ms. on 01/18/07 indicated the claimant could function at the medium physical demand level. On 01/26/07, Dr. placed the claimant at Maximum Medical Improvement (MMI) with a 5% whole person impairment rating. On 03/09/07, Dr. placed the claimant at MMI with a 0% whole person impairment rating. On 07/25/07, there was a letter of medical dispute resolution regarding payment for work hardening services.

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

Based upon the ODG DWC Guidelines, the criteria for work hardening program include:

1. A physical recovery sufficient to allow for progressive reactivation and participation for a minimal of four hours a day for three to five days per week. The claimant did qualify for this.
2. A defined return to work goal agreed to by the employer and employee, a documented specific job to return to, or documented on-the-job training. I believe the claimant did qualify for this. They were attempting to get him back to medium-to-heavy physical demand level, 60 pounds required.
3. The worker must be able to benefit from the program. Approval of the program should require a screen process that includes power review, interview, and testing to indicate likelihood of the success of the program. The claimant underwent Functional Capacity Evaluation, which did demonstrate the claimant was functioning at a lower than required physical demand level. It showed that he was deconditioned. Therefore, the screening process was performed.
4. The worker must be no more than two years past the date of injury, which again the claimant was within that time frame.
5. Program time lines state the work hardening programs should be completed in four weeks consecutively or less. It appears that the claimant may have been a little bit over on that. He did a program that was approximately seven weeks.

Based upon the notation, there was a death in the family. I believe his mother passed away. I will go ahead and allow a variance based upon this. I am not recommending the additional hour of work hardening for each visit. I believe a six hour program would be sufficient based upon the nature of this claimant's injury. Therefore my recommendation is for approval of the two Functional Capacity Evaluations performed on 12/15/06 and 01/18/07 as well as a work hardening program from 12/19/06 through 01/17/07. I am denying the extra hour beyond six hours per each visit.

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
- [x] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- [ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- [ ] MILLIMAN CARE GUIDELINES
- [x] 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)