

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 04/22/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program five times a week for four weeks for a total of twenty visits.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., Diplomate of Congress of Chiropractic Consultants, Texas Department of Insurance Division of Workers' Compensation Designated Doctor Approved Doctor's list, Impairment Rating and Maximum Medical Improvement Certified through Texas Department of Insurance Division of Workers' Compensation, active chiropractic practice for 23 years

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
726.70	97545		Prosp.	5 X 4					Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial 02/25/08 & 03/25/08, and criteria used in the denial (ODG)
3. Request for review by an independent review organization.
4. Doctor's examination reports dated 07/31/07 & 09/04/07
5. Psychological evaluation report dated 08/06/07.
6. Physical performance exams dated 02/06/08 & 08/07/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The employee injured her left ankle on xx/xx/xx when an electric pallet jack was pushed over her left ankle and foot. She received diagnostic testing and treatment. She is status post surgery of the left ankle performed on 07/18/06. She received 24 sessions of postoperative physical therapy

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

There is specific criteria for admission into a work hardening program based upon the ODG Guidelines. This patient does not meet two of the five criteria that are necessary for admission into a work hardening program. The criteria she does not meet include:

1. A defined return to work goal agreed to by the employee and employer
 - (a) documented specific job to return to with job demands that exceed abilities or
 - (b) documented on-the-job training
2. The worker must be no more than two years past the date of injury. Workers that have not returned to work by two years post injury may not benefit.

In reviewing the records provided, I was unable to find a defined return to work goal agreed to by the employer and employee. The date of injury has already exceeded two years. A physical performance examination performed on 02/06/08 indicated the injured employee works as a xxx. The testing indicated she was capable of NIOSH lifts of up to 21 pounds and occasional dynamic lifts up to twenty pounds, which falls into the low/medium PDL.

Based upon the above criteria, the request for work hardening program five times a week for four weeks for a total of twenty visits is not reasonable, usual, customary or medically necessary for the treatment of this patient's on-the-job injury. The ODG Guidelines advise that return to work has the best long-term outcome, even if the injured employee requires a gradual return to full duty status

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with 22 years of practice established, accepted chiropractic and 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)