

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW: April 22, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening/ work conditioning from 6/18/07 through 9/20/07

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

A Chiropractor with 12 years of treating patients in the Texas Worker's Comp system as a level II approved doctor

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

OD Guidelines, Notes from DC dated 7/31/07, FCE dated 8/14/07, 8/21/07, and 9/25/07, daily treatment notes from 6/22/07 through 9/21/07, notes from DO dated 2/1/07, 2/5/07, 2/12/07, 2/27/07, 3/27/07, 4/24/07, and 7/19/07, notes from DC dated 3/22/07, 4/24/07, 6/18/07, and treatment notes dated 2/19/07 through 5/25/07, notes from DO dated 3/8/07, notes from DO dated 12/22/06, and 1/10/07, MRI of right shoulder dated 12/15/06, MR Arthrogram right shoulder 1/4/07, notes from MD dated 9/12/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while working. He reported that he and another co-worker were lifting a metal beam when the co-worker dropped his end causing the patient to injure his right shoulder.

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

The sessions of work hardening/ work conditioning from 6/18/07 through 9/20/07 are reasonable and medically necessary according to the below referenced criteria. After the surgical repair, and due to the de-conditioning, it is necessary to safely re-establish the patient into a work conditioned environment to prevent re-injury and return them back to a pre accident status. Therefore, after a careful review of all medical records, the reviewer's medical assessment is that the sessions of work hardening/ work conditioning from 6/18/07 through 9/20/07 are reasonable and 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 (PROVIDE A DESCRIPTION)**