Notice of Independent Review Decision
REVISED DECISION
Corrected "Description of Service or Services in Dispute"
Edited Analysis

DATE OF REVIEW: 08/14/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Additional fifteen (15) sessions of work hardening

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., Board Certified Physiatrist and Specialist in Physical Medicine and Rehabilitation, Specialist in Pain Management with certification by the Pain Board, Diplomate of McKenzie Institute International with Special Training in Mechanical Diagnosis and Treatment, only one of two physicians in the United States with diplomate-level training, also the first physician to introduce work hardening into my community

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

__X __Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim #*	*Upheld Overturn*
719.9	*97545*		*Prosp.*	*15*					*Upheld*

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial and peer reviews 07/09 & 07/24/2008, and criteria used in the denial (ODG).
3. Treating doctor's correspondence to URA 05/19 & 06/03/2008
4. Work hardening group psychotherapy sessions 03/17 & 04/09/2008
5. Orthopedic evaluation and follow up visits 10/09/2007 – 07/15/2008
6. Physical therapy treatment documentation 09/2007 – 07/2008
7. Radiology reports 10/03 & 11/01/2007
8. FCE 06/23/2008
9. Functional abilities evaluation 03/13/2008

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INJURED EMPLOYEE CLINICAL HISTORY (Summary):
The patient fell from a ladder on xx/xx/x, sustaining injury to her knee. She was apparently required to continue working but with pain continuing in her knee, received a letter of termination from her employer. She then sought medical care and was evaluated by her surgeon in October and had an MRI scan. This showed at least a medial meniscus tear without any other clear ligamentous abnormalities. She underwent arthroscopy on approximately 11/01/07. This involved a synovectomy and partial medial and lateral meniscectomies.

Shortly after her surgery, she apparently was seen for leg pain. She was noted to have calf pain and was evaluated for deep venous thrombosis and was found to have a blood clot. She was hospitalized for about four days to initiate care for deep venous thrombosis. The care has then continued for at least three months with an oral medication. In any event, this put her at bed rest for at least a few days and interfered with what should have been the normal rehabilitation of her program. She then had physical therapy and office visits over a several-month period. This resulted in a Functional Capacity Evaluation in March and the recommendation for work hardening. She had either two or three weeks (fifteen days, which are three weeks on a five-day week) with rather poor documentation of any significant improvement. There were slight gains in strength and functional skills, but they are certainly not dramatic. On the basis of that, she was re-evaluated, and further work hardening has been recommended. That brings us roughly up to the current date. Her last Functional Capacity Evaluation was on 06/23/08, and since then there have been letters exchanged, indicating the need for continued therapy.

Lacking from the clinical history is any indication of the prophylactic care provided for a possible deep venous thrombosis after her initial surgery. In addition, there is no mention in any of the records that I have read of any home exercise program being provided either by the initial surgeon, the doctor treating her for thrombophlebitis, or the therapists who have treated her in different settings over the past several months. It is not clear what her home exercise responsibilities were during the work hardening program. Her range of motion was only mentioned once, from 0 degrees to 80 degrees. I do not know that it has changed a great deal.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
My decision is based primarily on the review of medical records and my own personal experience in rehabilitating hundreds of patients with similar type injuries. It is quite clear that good rehabilitation involves patient responsibility and not facility or physician or therapist responsibility primarily. A good physician and a good therapist will always establish a home exercise program.

In this particular case, it is not clear that this patient has ever been self-treating to any significant degree. All of her deficits now can be somewhat ascribed to her failure to exercise on a regular basis, both from a cardiovascular standpoint, namely walking or bike-riding, and from a strength standpoint, mainly partial squats, stand-ups, leg lifts, or some other lower extremity strengthening program. Therefore, putting her back into a program that has not succeeded nor provided her with a home exercise program so far does not make any clinical sense. At one point there was a prescription by a physician for hot packs, cold packs, ultrasound, massage, and electrical stimulation. **(Sentence deleted.)** I do not think that the medical necessity for the additional treatment has been well established by any of the documentation submitted

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.
__X __Medical judgment, 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 national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

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