

P-IRO Inc.

An Independent Review Organization
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Arlington, TX 76011
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Notice of Independent Review Decision

DATE OF REVIEW: 8/24/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute involve treatments provided in a Work Hardening Program including CPT codes 97545-WC, CA, 97546-WC, CA, 97750-GP, on treatment dates 4/16/08, 4/17/08, 4/25/08, 4/28/08, 4/29/08, 4/30/08, 5/6/08, 5/7/08, and 5/9/08.

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

Licensed Physical Therapist

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

EOB's and Denial Letters: 5/12/08, 5/16/08, 5/20/08, and 6/24/08

Records from Rehab 2112: IRO Request Letter 7/8/08, Letter of Medical Necessity 6/3/08, Records from 1/22/05 thru 5/13/08

Records from 2/7/07 thru 1/3/08

FCE 12/27/07, 3/11/08, 4/4/08, 5/9/08

EMG 6/7/05

Letter from Inc. 7/22/08

OP Report 6/25/07

12/29/05 thru 5/8/06

History & Physical 8/26/05

Letters from 1/12/07 and 2/27/08

PATIENT CLINICAL HISTORY [SUMMARY]:

A careful review of all the medical records indicates that the injured employee's original date of injury was on xx/xx/xx. The nature of the injury was a "slip and fall" incident that resulted in left knee, left shoulder and cervical injuries. The injured employee has undergone left knee surgery on 5/1/06 and 6/25/07 including post-op rehab after each of the aforementioned surgeries. The patient attempted a Work Hardening Program that started on 3/11/08 and finished on 5/9/08. Of the 28 sessions of Work Hardening that were completed, 10 sessions (between 4/16/08 and 5/9/08) are under dispute for denial of claims.

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

The basis of the reviewer's conclusion revolves around the medical necessity of Work Hardening intervention beyond the 18 sessions provided from 3/11/08 to 4/8/08. The ODG criteria for admission to a Work Hardening Program states that "Work Hardening Programs should be completed in 4 weeks consecutively or less." Also, "the worker must be no more than 2 years past date of injury." If the number of treatments exceeds the suggested guidelines, then documentation must support medical necessity.

The FCE completed on 3/11/08 showed documentation supporting the medical necessity for Work Hardening intervention. However, there was no justification necessitating the need to exceed 4 weeks of intervention. The documentation failed to support any exceptional findings that would require treatment beyond general guidelines.

After 13 sessions of Work Hardening intervention, the Case Management Summary, dated 4/1/08, reports the same Physical Demand Category (PDC) at "Light 30 lbs" as measured in the initial FCE on 3/11/08. After 18 sessions, there is still no change in PDC as reported in the Case Management Summary on 4/8/08. In addition, the patient's pain levels fluctuated in a matter that was inconsistent with the description of 9/10 pain on the initial FCE. The Injury Impact Questionnaire completed on 3/11/08 asks, "Over the last 30 days what has been your average pain level? The patient answered 9/10, where ten is the "worst pain possible". On 3/26/08, the pain level is reported as 0/10 and on 4/2/08 the pain level is at 4/10. There is no clear documentation indicating a reason for the change in the patient's pain levels and why they have changed so drastically.

There is a lack of documentation that clearly identifies the patient's functional progress with Work Hardening intervention and how this injured employee has shown a significant objective improvement in functionality. In addition, the documentation fails to justify why the patient requires treatment beyond the suggested general guidelines and what those exceptional objective findings are.

In conclusion, the reviewer agrees with the previous adverse determination to deny claims based on lack of medical necessity.

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)