

MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 Sessions of Work Hardening

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

MD, Board Certified in Family Practice

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- * Non-certification dated 11/28/07 per Dr., which includes ODG Guidelines
- * Appeal denial per Dr. on 10/29/07
- * Pre-authorization appeal for Work Hardening from Specialty Group on 11/19/07
- * Order for Work Hardening on 11/3/07 by Dr.
- * Order for Work Hardening on 10/12/07 by Dr.
- * Behavioral Assessment of Stability dated 10/11/07
- * Operative Report (1/19/07)
- * Page 4 of DDE per Dr. (undated but received 9/18/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained an injury on xx/xx/xx. He had an ORIF with internal fixation on 1/19/07 and subsequent physical therapy. A request for 20 sessions was denied and an appeal upheld that denial.

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

THE SUBMITTED MEDICAL RECORDS SHOWS THIS PATIENT FULFILLS ODG GUIDELINES FOR A WORK HARDENING PROGRAM. HE HAS PSYCHIATRIC ISSUES THAT WILL BE ADDRESSED, A JOB DESCRIPTION WAS USED PER THE U.S. LABOR DEPARTMENT, HE HAS GAINFUL EMPLOYMENT AWAITING HIS COMPLETION, AND HE HAS A GOOD CHANCE OF ACHIEVING HIS WORK REQUIREMENTS. THEREFORE, PRIOR DENIAL IS REVERSED.

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)