

P-IRO Inc.

An Independent Review Organization

835 E. Lamar Blvd., #394

Arlington, TX 76011

Fax: 866-328-3894

Notice of Independent Review Decision

DATE OF REVIEW: January 30, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of work hardening

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

A Chiropractor with 11 years of treating patients in the Texas Workers' Compensation system as a level II approved treating 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

Notes from DC dated 11/30/07, notes from DC dated 12/21/07, notes from LPC dated 10/23/07, FCE dated 10/23/07, notes from MD dated 4/27/07, 10/16/07, and 9/4/07, and notes from DC dated 11/26/07, No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on xx/xx/xx while working for xxxxxx. as a laborer. He reported that he was lifting a car motor with a lever bar and lost his grip on the bar causing it to fall hard against the top of his right knee injuring it.

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

The 10 sessions of work hardening are not reasonable or medically necessary according to the below referenced criteria. The treatment plan utilized work hardening without the need for the psychological component which does not follow the ODG. This is only used when there is a need for work simulation and if there is a high enough score for the psychological counseling. There also does not appear to be any recommendation for a self directed home exercise program which would be within the ODG. Therefore, the 10 sessions of work hardening are not reasonable or 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)**