7301Ranch Rd 620 N, Suite 155-199
Austin, TX 78726
512-266-5815
512-692-2924
rm@iroamerica.smart-resolutions-usa.com

IRO America, Inc.

DATE OF REVIEW:
January 18, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Work Hardening/ Conditioning and work hardening/ conditioning each additional hour for the dates of 12/26/06 thru 12/29/06

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
CHIROPRACTOR-*11 years of treating patients in the Texas Workers' Compensation 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
No ODG Guidelines
Work hardening/ conditioning notes from 12/26/06 through 1/19/07, notes from MD dated 10/20/06, 1/25/07, and 4/13/07, notes from DO dated 8/10/06, notes from DO dated 9/29/06, notes from MD dated 11/27/06, notes from RN dated 1/3/08, and notes from DO dated 12/19/06.

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient was injured while working. She was taking the trash out when she slipped and fell due to some fluid on the floor. She fell backwards and hit her head on the floor and passed out.

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

The work hardening/ conditioning and work hardening/ conditioning each additional hour for the dates of 12/26/06 thru 12/29/06 are not reasonable or medically necessary according to the below referenced criteria. The medical records reveal that the patient met her current job demands and the peer review doctor also agreed that no further work hardening/ conditioning are necessary. If a patient is at the current demand level of their job, then it is necessary to integrate them back into their work environment. There is no reason to continue work hardening/ conditioning if the goals have been met. Therefore, the work hardening/ conditioning and work hardening/ conditioning each additional hour for the dates of 12/26/06 thru 12/29/06 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)**