

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW:

January 24, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening from 6/27/07 thru 8/1/07.

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

Notes from DC dated 5/11/2007, notes from DO dated 6/19/07, 7/13/07, 9/25/07 and 11/11/07, notes from LPC dated 5/6/05, 12/14/05, 1/10/06, 1/17/06, 1/25/06, 2/1/06, and 5/23/06, notes from PT dated 5/16/07, 6/19/07, 7/11/07, 8/22/07, and 9/28/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while unloading empty 55 gallon barrels at work. One of the barrels landed on the patient's neck, mid back, and left shoulder.

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

The sessions of work hardening/conditioning are not reasonable or medically necessary according to the below referenced criteria. The patient was two years post injury at the time the work hardening/conditioning was started which is a conflict in treatment according to the Official Disability Guidelines. The work hardening/conditioning took 5 weeks to complete which the ODG states 4 weeks and the program still did not return the patient to work. After a careful review of the medical records, it appears the program did not return the patient back to his required physical demand level. All of the functional capacity exams showed the patient never improved. The patient should not have been approved for the work hardening/conditioning because there could not have been a positive outcome. Therefore, the sessions of work hardening/conditioning 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)**