

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 07/08/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work conditioning program, four-hour sessions three times a week for four weeks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., Diplomate of Congress of Chiropractic Consultants, 23 years of active clinical chiropractic practice, Texas Department of Insurance Division of Workers' Compensation Designated Doctor Approved Doctor's list, Impairment Rating and Maximum Medical Improvement Certified through Texas Department of Insurance Division of Workers' Compensation

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
?	97545	NA	Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial
3. Physician adviser report and correspondence including criteria used for the denial (ODG) 04/03/08 through 06/13/08
4. Work status reports, 03/27/08, 05/01/08, 06/19/08
5. Neurology reports, 04/17/08 through 06/05/08
6. MRI scan reports, 04/01/08
7. Orthopedic evaluations, 03/28/08 through 06/24/08
8. Functional Capacity Evaluation, 06/02/08
9. Chiropractic evaluations and followup, 03/27/08 through 06/18/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a xx-year-old employee who had multiple injuries including shoulder, elbow, and back when he slipped and fell at work. He has received seventeen sessions of chiropractic manipulative therapy and

physical therapy. Appropriate diagnostic testing was performed in the form of x-rays, MRI scan, and lower extremity EMG study. MRI scan and lower extremity EMG study were positive. FCE revealed the patient would occasionally lift up to 25 pounds. This is a lower-medium job classification. His occupation requires a heavy physical demand level with maximum lifting up to 75 pounds.

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

After reviewing the records that have been provided, I find this patient has had significant injuries to multiple areas. He has received some chiropractic manipulative therapy and physical therapy. He has received some improvement and progressed with regard to that treatment. However, he does continue to have problems.

An MRI scan does show lumbar disc involvement. EMG study does show positive electrodiagnostic findings. Most recent FCE reveals he is not at a current PDL to allow him to return to his normal job duties. He is unable to attain his normal job duties simply on a home exercise program. He does need an aggressive work conditioning program. This will give the patient the best opportunity to be able to return to his normal occupation. The ODG Physical Guidelines with regard to work conditioning allows for up to ten visits over eight weeks' period of time. However, these guidelines are just that, guidelines. They are not in concrete.

Based upon the significance of this patient's injury as a result of his fall, and as a result of multiple injured areas, and the fact that his job description requires him to be able to return to heavy physical demand level, this is the case where more sessions of work conditioning are allowable. Within the records there is sufficient documentation and clinical justification for this patient to receive work conditioning program, four-hour sessions three times a week for four weeks.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with accepted medical standards and 23 years of active chiropractic practice
 - 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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