

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/14/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97545 - Work hardening/conditioning; initial 2 hours (11/30/2007 x 1, 12/3/2007 x 1, 12/5/2007 x 1, 12/11/2007 x 1, 12/13/2007 x 1)

97546 - Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) (11/30/2007 x 5, 12/3/2007 x 5, 12/5/2007 x 2, 12/7/2007 x 1, 12/10/2007 x 6, 12/11/2007 x 6, 12/13/2007 x 6)

97750 x 12: Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes (11/14/2007)

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 2006 and pain Management since 2006.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

97545 - Work hardening/conditioning; initial 2 hours (11/30/2007 x 1, 12/3/2007 x 1, 12/5/2007 x 1, 12/11/2007 x 1, 12/13/2007 x 1) Upheld

97546 - Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) (11/30/2007 x 5, 12/3/2007 x 5, 12/5/2007 x 2, 12/7/2007 x 1, 12/10/2007 x 6, 12/11/2007 x 6, 12/13/2007 x 6) Upheld

97750 x 12: Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes (11/14/2007) Upheld

INJURED EMPLOYEE CLINICAL HISTORY

[SUMMARY]:

The patient is a xx year old female who was injured while at work on xx/xx/xx. She fell to the right and landed directly on her right side, hitting her head on the ground. She was rendered unconscious. Since the accident, the injured worker has had ongoing right shoulder pain, headaches, right hip pain, and lumbosacral pain. She was enrolled in a work hardening program to help her maintain her range of motion and function of the affected areas. At this time, the work hardening for dates of service 11/14/2007 – 12/13/2007 are under review for medical necessity.

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

It is difficult to assess the medical decision making for the requested services. The earliest office note provided is from Dr. is from 12/11/07 which was towards the later half of the work hardening program. No pre-program physician records were provided and thus it is difficult to assess the decision making and ascertain whether or not all of the ODG criteria were used for admission to the program. Given the records that were provided for review, the work hardening sessions are considered not medically necessary.

The following ODG criteria were not met based on the medical records reviewed:

- #2. It cannot be confirmed that the injured worker had tried PT/OT before the program.
- #3. It is not documented if other treatments or surgery were ruled out as options.
- #5. The employer-employee relationship and return to work were not addressed.
- #6. There is no evidence that a pre-screen was performed.

Therefore, the previous denial is upheld.

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
- X** 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)