Applied Resolutions LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 07/13/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

160 hours of Work Hardening

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

M.D., Board Certified Orthopedic Surgeon

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)

Upon independent review the reviewer finds that the requested 160 hours of Work Hardening is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 6/4/08, 6/23/08
ODG Guidelines and Treatment Guidelines
Request For Independent Review 6/24/08
Functional Capacity Exam 5/19/08
Previous Adverse Determination Letters with Notes 5/29/08, 6/4/08, 6/23/08
MD 6/5/08
Occupational Requirements with “No light duty available” note 6/23/08
Appeal 6/17/08
Utilization Review Notes 5/28/08
Treatment Plan Worksheet 3/19/08
DO 3/10/08, 1/28/08, 12/17/07
Follow-Up Visit/ Soap Note 3/10/08
DC 3/12/08, 1/30/08

Pre-Authorization Request 2/5/08
Operative Report 1/15/08
RN 5/28/08
MD 4/30/08
Daily Progress Notes from 1/30/08 to 4/16/08
FCE Report of Findings 3/26/08
Anesthesia Record 1/15/08?
Injection Permit 10/3007
DO 10/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This worker slipped while climbing into his xxxx, apparently landing on both knees, injuring the chest and shoulder, as well. He was treated by a chiropractor and eventually had an arthroscopic surgery to the left knee. He went to therapy with his chiropractor but apparently did not make sufficient progress. Additional evaluation shows moderate levels of depression and anxiety. He has decent range of motion of his knee. He has some residual weakness of his quadriceps and hamstring. It has been recommended that he undergo 160 hours of work hardening, although it is noted in the notes that this patient has full range of motion. The claimant is very near his required functioning for his designated employment.

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

Upon independent review of the provided medical records and ODG Guidelines, this reviewer finds that the requested 160 hours of Work Hardening is not medically necessary. Based upon the FCE results, 160 hours is excessive to this particular reviewer, particularly in view of the fact that his current function is almost at a level for return to his employment without restrictions. Furthermore, the inabilities found on the FCE are not self-evidently related to the knee arthroscopy. The knee arthroscopy would be a generally benign surgical procedure that does not require such extensive postoperative management.

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**

- [x] **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)**