

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: MARCH 26, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening Program with FCE from 8/15/06 through 10/5/06

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

MD, Board Certified in Family Practice

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. paperwork [1/26/07]
2. records [9/12/06-2/6/08]
3. Records from Dr. [8/14/06-2/22/07]
4. TWCC Hearing [2/2/05]
5. paperwork [various dates]
6. Insurance claim form [9/20/05]
7. Work Hardening Program 8/17/06-10/5/06 including notes from PT, chronic pain group, group psychotherapy, and individual therapy
8. Work Hardening Program notes [3/7/06-5/12/06]
9. evaluation summary [8/15/06 & 9/18/06]

10. Right shoulder MRI report [6/22/05 & 9/26/06]
11. Right wrist MRI report [4/6/05]
12. Left wrist MRI report [6/22/05]
13. Electrodiagnostic studies per Dr. [3/15/04, 11/6/04, 12/13/06]
14. RME per Dr. [7/7/04 & 10/24/06]
15. Letter and records from attorney
16. IME per Dr. [12/3/07]
17. Chiropractic Peer Review by Dr. [2/17/05]
18. Dr. progress notes, letters and prescriptions [3/9/04-5/18/06]
19. Various TWCC forms [12/9/04-12/13/07]
20. Dr. case review [4/13/05]
21. Operative report – left carpal tunnel release [4/25/05]
22. Operative report – right carpal tunnel release [2/19/04 & 2/8/07]
23. Operative report – right shoulder [12/27/05]
24. Dr. progress notes and operative reports [5/11/05-4/25/07]
25. FCE [3/4/04-5/22/07]
26. Dr. notes [2/19/04 and 2/23/04]
27. Dr. notes [4/9/04, 4/11/04, 12/29/05]
28. paperwork [January 2004 and 5/18/04]
29. Dr. medical records [5/6/04-4/4/06]
30. Letter from attorney [10/27/04]
31. medical records [9/2/05-5/7/07]
32. CMT/ROM testing [11/4/05-6/30/06]
33. Medical consult per Dr. [9/8/05]
34. Dr. note [12/6/05]
35. Chest x-ray report [12/15/05]
36. Dr. DDE [3/16/06]
37. Dr. note [2/28/06]
38. Dr. medical records [4/30/07-1/22/08]
39. ODG guidelines were provided

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained an injury and had extensive evaluation and treatment including off work, electrical stimulation, physical therapy, chiropractic care, medications, work hardening program x 2, surgeries, and injections. She continued to have symptoms along with significant depression and anxiety. A DDE by Dr. assessed an IR of 14% and put patient at MMI on 3/16/06. An RME by Dr. stated that further treatment should consist of a home exercise program and OTC analgesics prn on 10/24/06. Dr. noted on 2/28/06 that patient was not at MMI but after another shoulder surgery (which the patient refused), be expected MMI and return to work by 6/17/06. Disputed services are for the WHP from 8/15/06 to 10/5/06 and a FCE.

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

THIS PATIENT HAD EXTENSIVE CONSERVATIVE AND SURGICAL TREATMENTS SINCE HER ORIGINAL INJURY. INITIALLY, SHE HAD AN

EXTENSIVE WORK HARDENING PROGRAM FROM 3/7/06 TO 5/12/06. ANOTHER WHP FROM 8/15/06 THROUGH 10/5/06 WOULD BE EXCESSIVE, REDUNDANT, AND NOT MEDICALLY NECESSARY. FURTHERMORE, THE PATIENT SHOWS INCREASING LEVELS OF DEPRESSION AND ANXIETY, CONDITIONS THAT WOULD NOT MAKE HER A VIABLE CANDIDATE FOR A WHP. LASTLY, MULTIPLE INDEPENDENT PHYSICIANS HAVE DEEMED THIS PATIENT AT MMI PRIOR TO AUGUST 2006. THEREFORE, PREVIOUS DETERMINATIONS ARE 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**
- 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)**