PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 03/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of a work hardening program five times a week for four weeks

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

Licensed by the Texas State Board of Chiropractic Examiners

REVIEW OUTCOME

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

X 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.

Twenty sessions of a work hardening program five times a week for four weeks – Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A Functional Capacity Evaluation (FCE) with M.S. and Dr. (no credentials were listed) dated 08/21/07
A psychological evaluation with M.S., L.P.C. dated 10/01/07
A Physical Performance Evaluation (PPE) with Ms. and Dr. dated 10/01/07
A patient referral and intake form from D.C. dated 10/01/07
A PPE with D.C. dated 12/17/07
A narrative from Dr. dated 12/26/07
Generated and nursing notes dated 12/28/07, 12/31/07, 01/03/08, 01/05/08, 01/25/08, 01/28/08, 02/01/08, and 02/05/08
A letter of denial, according to the ODG, from D.C. dated 01/04/08
A letter of appeal from Healthcare System dated 01/24/08
A letter of adverse determination, according to the ODG, from, D.C. dated 02/04/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 08/21/07, an FCE with Ms. and Dr. indicated the patient functioned at the sedentary light physical demand level and active therapy was recommended. On 10/01/07, Mr. recommended a work hardening program. A PPE with Ms. and Dr. on 10/01/07 indicated the patient functioned at the light physical demand level and a chronic pain management program was recommended. Another PPE with Dr. on 12/17/07 indicated the patient functioned at the light physical demand level and a work hardening/conditioning program was recommended. On 12/26/07, Dr. wrote a letter requesting two weeks of a work hardening program. On 01/04/08, Dr. wrote a letter of denial for 20 sessions of a work hardening program. On 01/24/08, Healthcare Systems wrote a letter of appeal for 20 sessions of the work hardening program. On 02/04/08, Dr. wrote a letter of denial for 20 sessions of a work hardening program.

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

There was not a detailed job description supplied for the patient from the employer or requested by the treating physician from the employer as required by the ODG prior to the patient entering into such a program. There does not appear to be any documentation indicating that modified return-to-work duties were unavailable through the employer. Also, the ACOEM Guidelines, at this point, indicate a very low probability that the patient would ever return back to that type of work. Therefore, without the supply of the requested information and a detailed job description for the employer's role in returning the patient back to work; my recommendation is for denial of the 20 sessions of a work hardening program five times a week for four weeks, as the necessity has not been substantiated.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- ☐ 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)