

Notice of Independent Review Decision

DATE OF REVIEW:

03/13/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of work hardening.

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

Board Certified Chiropractor

REVIEW OUTCOME

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

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.

The medical necessity for the application of the requested course of work hardening is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 02/29/08
- MCMC Referral dated 02/29/08
- Letter dated 02/29/08 from
- DWC: Notice To MCMC, LLC Of Case Assignment dated 02/29/08
- DWC: Confirmation of Receipt of a Request For a Review dated 02/28/08
- DWC: Notice To Utilization Review Agent Of Assignment dated 02/22/07
- LHL009: Request For a Review By An Independent Review Organization dated 02/20/08, 02/05/07
- Letter dated 02/19/08 from D.C.
- Centers: Appeal of Original letter dated 02/11/08 from, D.C.
- M.D.: Letters dated 02/06/08, 12/21/07, 10/26/07, 08/29/07, 04/18/07, 05/25/07
- Assessment dated 02/04/08 from, M.A.
- Clinic: Follow Up Notes dated 01/25/08, 11/27/07, 08/20/07, 06/26/07, 04/17/07, 03/26/07, 11/21/06 from M.D.
- Centers: Report dated 01/08/08
- D.C.: Functional Capacity Evaluation Summary dated 01/08/08
- M.D.: Designated Doctor Evaluation dated 01/03/08
- Peer Review dated 12/30/07 from M.D.
- Center: Operative Report dated 10/09/07 from, M.D.
- Imaging: Rebuttal Letter dated 07/18/07 from, Billing Dept.



- M.D.: Designated Doctor Evaluation For MMI/IR dated 05/29/07
- DWC: Request for designated doctor letter dated 05/23/07
- Report dated 05/02/07 from, B.S.N., R.N.
- Diagnostics: EMG/NCV Neurological Evaluation dated 04/18/07 from, M.D.
- DWC: Hearing Office report dated 03/21/07 from, Hearing Officer
- Letters dated 10/23/06 through 02/19/08
- DWC-69: Reports of Medical Evaluation dated 01/31/08 from, D.C. and one with Date of Certification 05/29/07
- D.C.: Reports dated 01/23/08, 11/20/07, 10/24/07, 01/09/07, 11/10/06, 10/18/06
- Psychosocial testing report dated 01/08/08
- DWC-73: Work Status Reports dated 12/21/07, 05/29/07, 01/03/07, 11/21/06, 11/06/06, 10/24/06, 10/16/06, and one undated
- M.D.: Prescription notes dated 12/21/07, 10/26/07, 04/18/07
- Prescription and Statement of Medical Necessity dated 10/13/07
- Workers Comp Verification/Pre-Authorization dated 08/31/07
- Dr., M.D.: Handwritten Progress Notes dated 08/29/07
- Utilization Review Referral dated 08/29/07
- Prescription and Certification of Medical Necessity dated 08/29/07
- M.D.: Referral dated 05/25/07
- DWC-32: Request For Designated Doctor dated 04/30/07
- DWC-6: Supplemental Report of Injury dated xx/xx/xx
- Co.: Letter dated 04/20/07 from, Manager Human Resources
- D.C.: Letters dated 04/09/07, 02/13/07, 01/18/07, 12/12/06
- Requests for Additional Individual Sessions dated 04/09/07, 02/13/07, 01/18/07, 12/12/06 from, MA
- Program Pre-Authorization Forms dated 04/09/07, 01/18/07, 12/12/06, 11/17/06 and one dated in 2007 (month and day not visible)
- Institute: Retrospective Review Information Request dated 02/28/07
- Letters of Medical Necessity dated 02/01/07, 11/17/06
- Technologies: Durable Medical Equipment Prescription dated 02/01/07
- Fax cover sheet with letter dated 01/29/07, 01/25/07
- Centers: Appeal of Denial dated 01/17/07 from, D.C.
- M.D.: Report dated 01/17/07
- Low Back Pain and Disability Questionnaire dated 01/16/07
- Lower Extremity Functional Scale dated 01/16/07
- Letter dated 01/09/07 from, Hearing Representative
- Centers: Therapy notes dated 1/13/06 through 12/26/07
- Team Conference notes dated 12/08/06 through 01/26/07 from, M.A.
- D.C.: Report dated 12/06/06
- DWC-22: Required Medical Examination Notice or Request For Order dated 12/05/06
- Progress Reports on Weekly Sessions dated 11/30/06 through 01/30/07
- Behavioral Assessment dated 11/17/06 from, M.A.

- Centers: Letters dated 10/18/06 through 01/31/08 from, D.C.
- Imaging Center: MRI lumbar spine dated 10/29/06, 10/27/06, x-rays right knee dated 10/29/06, 10/27/06, MRI right knee dated 10/26/06
- Imaging Center: MRI referral dated 10/27/06
- Clinic: Initial Patient Consult dated 10/24/06 from, M.D.
- D.C.: Initial Examination dated 10/17/06
- M.D.: Memorandum (undated)
- Undated Letter of Medical Necessity
- Treatment Plan (undated) from, M.A.
- Individual Psychotherapy requests (undated, two)
- Surgery Center: Anesthesia Record (form basically illegible)
- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a xx-year-old male who was allegedly injured during the normal course of his employment. The history reveals that he reported a work injury that occurred on xx/xx/xx. The injured individual reported that he was walking up some stairs and fell onto his knee and injured his low back as well during the fall. MRI examination dated 10/27/2006 revealed an old compression fracture at L1, disc bulging at multiple levels from L3-S1 with resultant stenotic changes from the disc bulging as well as by degenerative changes. MRI examination of the right knee dated 10/26/06 revealed a medical collateral sprain and a medical meniscus (Grade III) tear and joint effusion. X-rays of the right knee were unremarkable for significant pathology. He presented to the office of the attending provider (AP) on 10/16/2006 and a course of chiropractic care was initiated. To date, the injured individual has participated in a litany of care to include active and passive therapy, medication management, individual psycho counseling and an exhaustive course of chiropractic management. The records suggest that he underwent knee surgery on 10/09/2007 and attended a course of post surgical rehabilitation following surgery. On 01/08/2008, a Functional Capacity Exam (FCE) was performed which suggested that the injured individual was performing at an average of Medium to Medium Heavy Physical Demand Level (PDL) classification.

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

The documentation fails to establish the medical necessity for the administration of the requested course of work hardening. Specifically, the injured individual has participated in an exhaustive course of physical therapy, not unlike what might be expected within the confines of a work hardening program. Additionally, the injured individual has participated in a significant course of individual psychotherapy not particularly unlike what might be expected within the confines of the requested course of work hardening. However given the past course of active and passive care along with the significant course of psychotherapy counseling, the injured individual continues to complain of significant pain levels and exhibit objective deficits with no evidence of documented progress in response to the attended past care consisting of some sixteen months. As such, there are no reasonable expectations that the requested course of care would like produce positive and significant, lasting therapeutic benefit not already realized or documented.

Additionally, the records indicate that the injured individual, as of 11/27/2007, was testing at a functional level that carried no impairment as per the AMA Guides to the Evaluation of Permanent Impairment. As such, there were no clearly defined goals in regards to the restoration of the injured individual's functional level to an unimpaired status.

Lastly, according to the Official Disability Guidelines (ODG), an injured worker can be eligible for the application of a work hardening program if there is a defined return to work goal agreed upon by the employee and employer in the form of a documented specific job to return to or some form of documented on the job retraining. The documentation establishes no ongoing relationship between the injured individual and his previous employer. In fact, the documentation suggests that the injured individual had no job to return to and was considering vocational retraining.

Given the rationale in the above discussion and consistent with the ODG, the medical necessity for the requested course of care captioned above is not established.

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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**