



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 03/07/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Items in Dispute: Ten (10) additional sessions of work hardening.

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

Chiropractor

Diplomate of the American Association of Quality Assurance & Utilization Review Physicians

Diplomate of the American Academy of Pain Management

Certified by the American Academy of Disability Evaluating Physicians

Fellow of the American Back Society

**REVIEW OUTCOME**

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

Denial Upheld

Ten (10) additional sessions of work hardening are not approved.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Work hardening & work conditioning ***Official Disability Guidelines***.
2. medical notes dated 09/16/06 thru 09/20/06.
3. Chiropractic notes multiple dates 09/28/06 thru 01/29/08.
4. 10/05/06 – Functional Capacity Evaluation.
5. Preauthorization dated 10/26/06.
6. 10/30/06 & 10/31/06 – Electrodiagnostic interpretation.
7. 11/01/06 – Cervical MRI.
8. 11/06/06 – Lumbar spine MRI.
9. 11/06/06 – Left shoulder MRI.

10. 11/15/06 – Preauthorization.
11. 11/30/06 – Functional Capacity Evaluation.
12. 12/05/06 – Required Medical Evaluation.
13. 03/02/07 – Designated doctor report.
14. 04/25/07 – Computerized muscle test.
15. 05/18/07 – Peer review.
16. 06/06/07 – Physical performance evaluation.
17. 06/29/07 – Psychological evaluation for a functional restoration program.
18. 07/06/07 – Physical performance evaluation.
19. 07/20/07 – Computerized muscle test.
20. 08/22/07 – Neurological evaluation by Dr.
21. 09/18/07 – Functional Capacity Evaluation.
22. 09/18/07 – Computerized muscle test.
23. 09/19/07 – Peer review.
24. 09/28/07 – Repeat psychological evaluation.
25. 10/01/07 – Preauthorization denial for work hardening.
26. 10/02/07 – Preauthorization for epidural steroid injection & myelogram.
27. 01/02/08, 1/28/08 – Denials of work hardening.
28. 02/29/08 – IRO dispute.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The employee was xx years old when he was injured at work on xx/xx/xx. The records suggest that he had sustained his injuries to the neck, lumbar spine, and left shoulder after a slip and fall incident. The employee did seek immediate treatment from physicians at Medical Centers, and notes were reviewed between 09/16/06 and 09/20/06. The employee had normal examination findings, and he was returned to full duty work on 09/16/06. Records also suggest that the employee did have an apparent previous left shoulder injury with some residual pain complaints but apparently the employee denied ever having range of motion deficits. Interestingly, the employee did not have range of motion deficits documented by the initial physician at Medical Centers following his most recent injury.

The employee did not return to work, and instead, he sought treatment with a local chiropractor. The chiropractic care began on 09/28/06 and included off work status. At that time, the employee also had significant range of motion deficits in multiple areas including the cervical, lumbar spine, and left shoulder regions. The employee also underwent multiple Functional Capacity Evaluations (FCEs), the first one somewhere around 10/05/06. The initial FCE revealed that the employee had a sedentary to light duty capacity. However, the employee's job duties required light to medium duty requirements. The employee underwent multiple months of physical therapy and chiropractic care. Apparently, some electrodiagnostic studies were performed in October, 2006, and the upper extremities were read to be normal, however the lower extremity had a left L5-S1 radiculopathy.

MRI studies revealed bursitis in the left shoulder with a disc protrusion to the left at L5-S1. Osteophytes were noted in the cervical spine at the C5-C6 region.

A repeat FCE on 11/30/06 again revealed that the employee could only perform in a sedentary capacity.

A Required Medical Evaluation (RME) performed by Dr. on 12/05/06 revealed nonphysiologic pain complaints.

A designated doctor was eventually asked to review the case on 03/02/07. This physician suggested that the employee had absolutely no impairment and was placed at Maximum Medical Improvement (MMI) on 03/02/07.

It appears the chiropractor continued to recommend on ongoing testing including computerized muscle testing and alternate forms of FCEs including a physical performance evaluation. The "PTE" performed on 06/06/07 and 07/06/07 again revealed that the employee could only perform in a sedentary to light duty capacity. A 09/18/07 FCE confirmed sedentary work abilities.

The employee underwent psychological testing on 06/29/07, and this found the need for a pain program. Repeat psychological testing was performed on 09/18/07, and it was now recommended that the employee undergo work hardening.

It appears that work hardening has been denied, and I am now asked to perform an IRO review to determine the necessity of work hardening.

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

This employee does not require work hardening at the present time. Based upon the **Official Disability Guidelines**, the specific criteria for entrance into the work hardening program include: 1) physical recovery sufficient to allow for progressive reactivation and participation for a minimum of four hours a day. The employee has not shown any physical recovery with the significant amount of previous physical therapy attempts as noted by the multiple FCEs and physical performance evaluations confirming only sedentary to sedentary to light abilities. 2) A defined return to work goal agreed to by the employer and employee must be reached. Nowhere in the notes is there any evidence that the local

chiropractor is attempting to contact the employee's employer to determine a safe return to work. 3) The employee must be able to benefit from the program. There was no evidence in the records that the employee is able to benefit from such a rehabilitation program. The employee has attempted many months of physical therapy and failed to progress at all since October, 2006 based on the employee's FCE findings. 4) The employee must be no more than two years

past the date of injury. The employee does meet this criteria but does not meet any of the above criteria. 5) Program timelines: work hardening should be completed in four weeks consecutively. Again, this requirement has apparently been met, but the employee must meet the other recommended requirements.

In summary, the ***Official Disability Guidelines*** do not support the request for work hardening.

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

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