

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: 3-18-2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Conditioning 5 x weeks x 4 weeks, 20 Sessions

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

Chiropractor

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Adverse Determination Letter 2-22-2008, 3-3-2008

MRI 11-08-2007 lumbar spine / hip/pelvis

FCE 1-29-2008, 2-12-2008

Dr. 12-10-2007

Pre-cert Injury Center

Dr. reports 1/18/08 and 2/20/08

Injury Center Progress Summary
 Injury Center 10/07 thru 2/08
 Report MD 12/15/07
 Radiology reports 10/25/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury when she slipped and fell. The injured claimant reported an injury to the lower extremities and low back. The injured employee was transported to the emergency room. The injured employee sought treatment from her PCP, who referred her for an MRI. She eventually fell under the care of Injury Centers where she underwent therapy and FCE testing. The injured employee was referred to Dr. The injured employee underwent facet injections and additional therapy.

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

The injured employee currently does not meet the required guidelines for a return to work program according to the ODG Admission Criteria: Work conditioning / work hardening

<p>Work conditioning, work hardening</p>	<p>Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. (Schonstein-Cochrane, 2003) Work Conditioning should restore the client’s physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual’s measured tolerances. (CARF, 2006) (Washington, 2006) See Physical therapy for the recommended number of visits for Work Conditioning. For Work Hardening see below.</p> <p>Criteria for admission to a Work Hardening Program:</p> <ol style="list-style-type: none"> 1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. 2. A defined return to work goal agreed to by the employer & employee: <ol style="list-style-type: none"> a. A documented specific job to return to, OR b. Documented on-the-job training 3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. 4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. 5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.
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ODG Physical Therapy Guidelines – Work Conditioning
 10 visits over 8 weeks

After a careful review of all medical records, the Reviewer’s medical assessment is that the injured employee does not meet the admission criteria for a return to

work program. The documents reviewed do not meet the ODG PT Guidelines for Work Conditioning as indicated above. The documents reviewed do not meet the #2 and #3. The employee may meet the Guidelines with additional documentation and 10 sessions of WC.

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)