

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: 3-19-2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional Work Hardening 5 x weeks x 2 weeks, 10 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 2-21-2008, 3-04-2008

Pre-Auth Letter 2-28-2008 DC

Pre-Auth Letter 2-19-2008 DC

Injury Center 1-20-2008 re-eval

FCE 2-13-2008
 EMG/NCV 5-16-2006
 Reports from Dr. 10/07 thru 2/08
 Brain and Spine 8-17-2007
 DDE Report 4-26-2007
 Facet / block injections 4-12-2007, 5-31-2007
 Medical report No Date
 Hernia repair 11-13-2007
 Psychological eval 7-17-2007
 Work hardening daily notes, associated dates
 Work hardening summary week reports No Dates

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury. The injured employee had undergone advanced diagnostic testing. The injured employee underwent pain injections and a hernia repair. Psychological testing was performed and admission criteria for a work hardening program were approved. The injured employee has completed 10 sessions of work hardening and an additional 10 sessions have now been requested.

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

The injured employee currently does meet the required guidelines for a return to work program according to the ODG 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. (CARE, 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
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	consecutively or less.
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Therefore, after a careful review of all medical records, the Reviewer's medical assessment is that the injured employee does meet the criteria for completion of the work hardening program.

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)