



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 05/05/08

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**

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:

- 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 work hardening - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with D.P.M. dated 07/07/06 and 07/11/06

An Employer's First Report of Injury or Illness form
An Employee Statement of Occupational Injury/Illness
A medical release authorization note
Evaluations with M.D. dated 10/05/06 and 10/10/06
A DWC-73 form from Dr. dated 10/05/06
X-rays of the left ankle, left knee, right knee, and low back interpreted by M.D. dated 10/05/06
Progress notes from R.N., L.V.N., and L.V.N. dated 10/10/06
Evaluations with D.C. dated 10/12/06, 10/20/06, 11/09/06, 12/07/06, 01/04/07, 01/31/07, 02/28/07, 03/29/07, 04/26/07, 05/04/07, 05/21/07, 05/24/07, 06/28/07, 07/26/07, 08/23/07, 09/20/07, 10/09/07, and 03/17/08
Precertification requests from Dr. dated 10/12/06, 10/18/06, 11/07/06, 01/24/07, 03/19/07, 04/25/07, 05/21/07, 10/01/07, and 01/30/08
DWC-73 forms from Dr. dated 10/12/06, 11/09/06, 12/07/06, 01/23/07, 01/31/07, 02/28/07, 03/07/07, 04/03/07, 05/02/07, 05/24/07, 08/23/07, 12/21/07, and 01/18/08
Chiropractic therapy with Dr. dated 10/13/06, 10/16/06, 10/18/06, 10/23/06, 10/25/06, 10/27/06, 10/30/06, 11/01/06, 11/03/06, 11/06/06, 11/08/06, 11/10/06, 11/13/06, 11/15/06, 11/17/06, 11/20/06, 11/28/06, 01/29/07, 02/02/07, 02/05/07, 02/07/07, 02/09/07, 02/12/07, 02/14/07, 02/15/07, 02/20/07, 02/22/07, 02/23/07, 02/26/07, 02/28/07, 03/02/07, 03/05/07, 03/07/07, 03/09/07, 03/13/07, 03/14/07, 03/16/07, 03/19/07, 03/21/07, 03/26/07, 04/03/07, 04/05/07, 04/06/07, 04/11/07, 04/12/07, 04/13/07, 04/19/07, 04/23/07, 04/25/07, 04/27/07, and 07/26/07
MRIs of the lumbar spine and left ankle interpreted by M.D. dated 10/17/06
An EMG/NCV study interpreted by D.O. dated 10/24/06
Evaluations with M.D. dated 10/26/06, 11/21/06, 01/25/07, and 03/22/07
Evaluations with M.D. dated 10/31/06, 12/21/06, 01/09/07, 01/23/07, 03/06/07, 05/01/07, 07/31/07, 10/29/07, and 12/11/07
A letter from Dr. dated 10/31/06
An operative report from Dr. dated 11/29/06
Laboratory studies dated 11/29/06
An anesthesia record dated 11/29/06
Prescriptions from Dr. dated 11/30/06, 12/04/06, and 01/23/07
A letter of appointment scheduling from Medical Examination Services dated 12/12/06
An MRI of the right knee interpreted by M.D. dated 01/25/07
Required Medical Evaluations (RMEs) with M.D. dated 01/29/07 and 10/10/07
A DWC-73 form from Dr. dated 01/29/07
Evaluations with L.P.C. dated 01/31/07 and 01/18/08
Prescriptions from Dr. dated 02/02/07
A description of services note dated 02/08/07
DWC-73 forms from Dr. dated 03/06/07 and 05/01/07
A letter of medical necessity from Dr. dated 03/16/07
A treatment request from Dr. dated 03/29/07
A Functional Capacity Evaluation (FCE) with Dr. dated 04/17/07
Evaluations with M.D. dated 05/08/07, 06/01/07, and 01/28/08

An FCE with M.D. dated 05/11/07
Designated Doctor Evaluations with M.D. dated 05/11/07 and 10/02/07
Letters of medical necessity dated 06/11/07 and 08/09/07
Procedure notes from Dr. dated 06/20/07, 08/02/07, 08/30/07, and 10/12/07
A return to work note dated 06/20/07
A charge summary dated 08/02/07 and 08/03/07
A letter of medical necessity from Mr. dated 08/23/07
A letter of non-certification, according to the ODG, from M.D. dated 08/29/07
A DWC-73 form from Dr. dated 10/02/07
A pain assessment tool dated 10/12/07
Nursing notes with R.N. and R.N. dated 11/19/07 and 12/07/07
A letter from Dr. dated 01/09/08
An addendum letter from Dr. dated 02/29/08
A letter of denial, according to the ODG, from D.C. dated 02/11/08
A letter of appeal request from Healthcare Systems dated 02/28/08
A letter of denial, according to the ODG, from D.C. dated 03/06/08
X-rays of the ankle interpreted by Dr. dated 03/27/08
Undated information regarding a TENS and electrical muscle stimulator unit
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 07/07/06, Dr. recommended extra corporeal shock wave treatment. On 10/05/06, Dr. prescribed Vicodin and recommended work restrictions. X-rays of the left ankle, left knee, right knee, and lumbar spine interpreted by Dr. on 10/05/06 revealed heel spurs in the left ankle, very mild osteoarthritis in the right knee, mild disc space narrowing at L4-L5 and L5-S1, and mild degenerative changes of the lower thoracic spine. On 10/12/06, Dr. recommended passive therapy and MRIs of the ankle and lumbar spine. Chiropractic therapy was performed with Dr. from 10/13/06 through 07/26/07 for a total of 51 sessions. MRIs of the lumbar spine and left ankle interpreted by Dr. on 10/17/06 revealed degenerative disc desiccation at L4-L5 and L5-S1, a partial incomplete tear of the posterior tibialis tendon of the ankle, soft tissue edema, and some arthritic changes. An EMG/NCV study interpreted by Dr. on 10/24/06 was unremarkable. On 10/26/06, Dr. prescribed Solaraze gel, Hydrocodone, Soma, and Restoril. On 10/31/06, Dr. recommended a left ankle surgery. On 11/29/06, Dr. performed the left ankle/foot surgery. On 01/23/07, Dr. recommended weightbearing as tolerated in a walking boot. An MRI of the right knee interpreted by Dr. on 01/25/07 revealed a small joint effusion, prepatellar edema, and degeneration of the anterior cruciate ligament (ACL). On 01/29/07, Dr. recommended continued follow-up visits, physical therapy, weight loss, Darvocet, a short leg walking orthosis, x-rays, and modified work duty. On 01/31/07, Mr. recommended a work hardening program. On 04/17/07, Dr. recommended a work hardening program. An FCE with Dr. on 05/11/07 indicated the patient provided a submaximal effort and the physical demand level was indeterminate. On 05/11/07, Dr. felt the patient was not at Maximum

Medical Improvement (MMI). On 06/20/07, Dr. performed a knee joint aspiration and injection. On 08/02/07, Dr. performed a lumbar epidural steroid injection (ESI) and knee joint aspiration and injection. On 08/23/07, Mr. requested four sessions of individual counseling. On 08/29/07, Dr. wrote a letter of non-certification for the individual counseling. On 08/30/07 and 10/12/07, Dr. performed another lumbar ESI. On 10/02/07, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 4% whole person impairment rating. On 12/11/07, Dr. felt the patient was at MMI. On 01/09/08, Dr. again recommended a work hardening program. On 01/18/08, Mr. also requested a work hardening program. On 02/11/08, Dr. wrote a letter of non-certification for the work hardening program. On 02/28/08, wrote a letter of appeal for the work hardening program. On 02/29/08, Dr. felt the patient was at MMI. On 03/06/08, Dr. also wrote a letter of denial for the work hardening program. X-rays of the left ankle interpreted by Dr. on 03/27/08 revealed inferior calcaneal spurring.

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

Based upon my review of the medical records provided and the summary of these records as noted above, it is my opinion that this employee does not meet the criteria for admission to a work hardening program. The records clearly indicate that based on the previous treatment to date and statements made by the employee, she is not an appropriate candidate for the work hardening program, and she does not appear to be an appropriate candidate for a successful outcome of a program of this nature. The ODG criteria specifically states that a worker must be able to benefit from the program and based upon the screening process, there would be a likelihood of success in this program. In addition, there is no evidence that the employee has completed any lower levels of care as it relates to any psychobehavioral issues or that there are any significant psychobehavioral issues that would warrant a multidisciplinary return to work program. There is no evidence in the medical records that the employee had undergone any lower levels of care or that there was any determination of psychobehavioral issues documented in the records prior to the assessment made on 01/18/08 by the L.P.C. Finally, there is no evidence that the employee cannot return to work with restrictions or that the employer is not willing to accommodate and allow the employee to return to work. Therefore, the 20 sessions of a work hardening program would not be reasonable or necessary.

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 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**
- 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)**