

Notice of Independent Review Decision

DATE OF REVIEW:

05/12/2008 – AMENDED 05/22/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Conditioning therapy for twenty visits.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, and Specializing in Pain Management.

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.

Work Conditioning therapy for twenty visits is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 04/30/08 Case Report, MCMC
- 04/30/08 MCMC Referral
- 05/01/08 letter from IRO Coordinator,
- 05/01/08 Independent Review Organization Summary,
- 04/29/08 Notice to MCMC, LLC of Case Assignment,
- 04/28/08 memo from Administrative Services Supervisor
- 04/25/08 LHL009 – Request For A Review By An Independent Review Organization
- 04/24/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 04/14/08, 04/02/07 Precert Request Forms
- 04/14/08, 04/02/08 facsimile Transmittal sheets with handwritten Messages, Orthopedic Center
- 03/25/08 Evaluation Summary - Functional Capacity Evaluation
- 03/19/08, 02/06/08, 10/31/07, 10/10/07, 08/08/07, 07/11/07 office notes, Orthopedic Center
- 03/19/08, 12/07/07 referral forms, RGVO
- 02/11/08, 12/28/07 Re-Evaluation Form, LPT, Orthopedic Center
- 12/18/07 to 02/11/08 Progress Notes, LPT, Orthopedic Center
- 12/17/07 to 03/19/08 Work Status Reports (DWC Form-73)
- 11/13/07 Initial Evaluation Form, LPT, Orthopedic Center
- 11/10/07 Surgical Pathology Report, Hospital
- 11/08/07 Operative Report, M.D., Hospital
- 11/08/07 handwritten History and Physical, M.D., RGVO

- 08/29/07, 07/25/07, 06/25/07, 06/18/07, 06/04/07 handwritten Progress Notes, Medical Clinic
- 08/17/07 retrospective review, M.D.
- 07/09/07, 06/27/07, 06/20/07, 06/01/07 Progress Notes, Chiropractic
- 06/27/07 letter from, M.D.
- 06/21/07 MRI knee, Hospital
- 06/08/07 to 04/17/08 Review Determinations,
- 06/04/07, 05/30/07 fax Referral forms, Medical Clinic
- 05/30/07 handwritten History & Physical, M.D.
- Undated letter from D.C., Chiropractic
- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with a date of injury xx/xx/xx. The injured individual had a left knee arthroscope in 11/2007. He had physical therapy (PT) before and after surgery. His range of motion (ROM) remains limited in flexion and he has strength 4/5 in his left quadriceps. His Functional Capacity Exam (FCE) noted he is at light duty and needs medium.

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

Work Conditioning may be considered in the subacute stage when it appears that exercise therapy alone is not working and a biopsychosocial approach may be needed. In this case, the injured individual's FCE of 03/19/2008 noted he was at light capacity and required medium for his job. He has had sufficient preoperative and postoperative PT so at this point a work-conditioning program is reasonable, however the Official Disability Guidelines recommend ten visits and the attending provider is requesting twenty. Twenty visits of Work Conditioning is not medically 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 UM KNOWLEDGE BASE 2004 pg 11.

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES 2007:

Physical Therapy Guidelines – Work Conditioning 10 visits over 8 weeks. See also Physical therapy for general PT guidelines. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.