P-IRO Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: May 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Work hardening

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
A Chiropractor with 12 years of treating patients in the Texas Worker's Comp system as a level II approved doctor

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, Notes from DC dated 2/7/08 and 4/10/08, notes from dated 2/1/08 and 3/27/08, MRI of right wrist dated 10/6/06, notes from dated 2/7/08, notes from MD dated 2/1/08 and 3/30/07, notes from MD dated 3/8/07, notes from DC dated 4/3/08, and notes from DC dated 4/16/08.

PATIENT CLINICAL HISTORY [SUMMARY]:
This is a xx year old female who was injured on xx/xx/xx while working for . This patient was staffed at and had been there for about a week. The patient was pulling and packing lumber when a coworker threw a piece of lumber on the table and hit the patient's right side of the right wrist. The second time the coworker threw a piece of lumber on the table, it landed on the top of her right wrist. The patient reported instant pain and swelling and went to the emergency room and was treated for a fracture.

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

The disputed item of work hardening is not medically necessary according to the below referenced criteria. This injury took place 2 years prior to the request of work hardening. The ODG suggests work conditioning not work hardening for this type of injury; however, the injury took place 2 years earlier. At this time post-injury, work conditioning would not reasonable. Also, according to the records, the BAI and BDI scores actually worsened, suggesting a poor treatment plan. Therefore, the disputed item of work hardening is not reasonable or 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 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)**