RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 05/15/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of work conditioning

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

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐Upheld (Agree)

X 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.

10 sessions of work conditioning - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

SOAP Notes, Rehab Management, 01/09/07, 06/07/07, 08/30/07
Injury Information Data Sheet, 06/01/07

Drug Flow Sheet, 06/04/07 thru 03/17/08
Pain Questionnaire, Orthopaedic Clinic, 06/04/07
Personal History, 06/04/07
Nurses Notes, 06/04/07
Pain Drawing Grid Assessment, 06/04/07, 06/18/07, 06/29/07, 07/20/07, 08/10/07, 08/20/07, 09/04/07, 10/05/07, 10/16/07, 10/29/07, 11/19/07, 11/30/07, 12/10/07, 01/07/08, 01/31/08, 02/12/08, 02/28/08, 03/17/08, 03/31/08, 04/14/08
Examination Evaluation, Dr. , 06/04/07, 06/18/07, 06/29/07, 07/20/07, 08/10/07, 08/20/07, 09/04/07, 10/05/07, 10/16/07, 10/29/07, 11/19/07, 11/28/07, 11/28/07, 11/30/07, 12/10/07, 01/07/08, 01/31/08, 02/12/08, 02/28/08, 03/17/08, 03/31/08, 04/14/08
Status Report, Rehab Management, 06/15/07
MRI, Lumbar Spine, M.D., 06/25/07
Letter of Medical Necessity, 07/18/07
FCE, OTR, 08/14/07
FCE, PT, 10/02/07, 01/29/08
Physical Abilities and Job Match, Rehab Management, 10/04/07
Examination Evaluation, M.D., 10/11/07
Post Myelogram CT, Lumbar, 10/12/07
Patient Status Report, PT, 10/31/07
Physician's Orders, Pre-Op Testing & Day of Surgery, 11/19/07, 11/30/07
Disclosure and Consent for Medical and Surgical Procedures, Hospital of 11/19/07, 11/30/07
Clinical Laboratory Expedite Report, 11/19/07
History and Physical Evaluation, 11/19/07
Short Stay Summary, Dr. 11/28/07
Operative Report, Dr., 11/28/07
Physician's Orders, 11/28/07
MRI Interpretation, Diagnostic Imaging Center, 11/30/07
Discharge Summary, Dr., 12/01/07
Physician's Orders, 12/01/07
Progress Record, Dr., 12/01/07, 11/28/07
FCE, PT, 02/05/08
SOAP Notes, Rehab Management Physical Therapy, 08/30/07 01/09/08, 02/20/08, 02/21/08, 02/22/08, 02/25/08, 02/26/08, 02/27/08
Patient Status Report, Larry Smart, PT, 07/30/07, 02/27/08
Request for Treatment Authorization, 03/17/08
Work conditioning prescription, Dr. 03/17/08
Preauthorization Request, 03/18/08
Adverse Determination Letter, 03/21/08, 04/04/08
Request for IRO, 04/11/08
Notice of Assignment for IRO, 04/25/08
ODG Guidelines were received from the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient injured his lower back on xx/xx/xx. He received surgical decompressive surgery on 11/28/07. He has had a decrease of symptoms and is on minimal medications.

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

ODG web based guidelines do indicate work conditioning as being indicated post lumbar microdiscectomy. The claimant has received appropriate physical therapy and the work conditioning is follow-up to the physical therapy. The ten sessions are inline with the ODG web based recommendations for work conditioning post laminectomy and discectomy.

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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**