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Notice of Independent Review Decision

DATE OF REVIEW: 05/19/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 5 times per week for 1 week, 8 hours a day.

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

Doctor of Chiropractics

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.

Work Hardening 5 times per week for 1 week - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

FCE, D.C., 11/20/07, 03/03/08

Adverse Determination Letter, 03/21/08, 04/16/08

Response letter regarding disputed services, Insurance Company, 05/02/08

ODG Guidelines were received from the carrier or the URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an injury of his right shoulder. He subsequently underwent arthroscopic surgery in July 2007.

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

Based upon the supplied documentation and review of the ODG treatment and workers' compensation guidelines, a work hardening program is only indicated following five protocols.

1. Physical recovery has to be sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days per week.
2. Define return to work goal as agreed to upon by the employer and employee:
 - a. documenting a specific job to return to, with job demands that exceed abilities or
 - b. documented on the job training.
3. The worker must be able to benefit from the program. Approval of the program should require a screening process to include file review, interview, and testing to determine expected level of success in the program.
4. The worker must be no more than 2 years past the date of injury. Workers that have not returned to work by 2 years post injury may not benefit.
5. Work Hardening Programs should be completed in four weeks consecutively or less.

It is clear that this patient's situation falls under Category II regarding return to work goals. The patient's return to work requirements were for a medium heavy job demand level however he was terminated from that position and has now decided to return to a different type of occupation within the same medium heavy job demand level. Based upon the FCE performed on 03/03/08, he was functioning at that level; therefore, there would be no further need for any more on-the-job training in the form of a work hardening program. Based on these determinations, my finding is for denial of the work hardening program five times per week for one week, 8 hours per day.

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)**