

SENT VIA EMAIL OR FAX ON
Nov/20/2008

True Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW:
Nov/19/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Hardening 5 X 2.

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

Clinical psychologist; Member American Academy of Pain Management

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

Denial Letters 9/9/08 and 10/3/08
Records from 7/22/08 thru 9/30/08
FAE 8/25/08
Records from Dr. 8/26/08
Records from Dr. 5/27/08 thru 9/5/08
Letter from Management 11/5/08
MRI 6/13/08
Peer Review 7/2/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work-related injury onxx/xx/xx. Patient was performing his usual job duties , when records indicate he sustained injuries to his right knee while pulling a 2800 pound pallet out of a cooler using a pallet jack. His knee gave way, and he experienced immediate pain and swelling. When the knee pain failed to resolve with the prescribed rest and OTC medications, patient was begun with physical medicine interventions. On June 13, MRI revealed a partial tear of the ACL and mild bursitis. On July 2, 2008, orthopedic exam with Dr. showed no acute indication for surgery. Patient was allowed to return to work on light duty, per an FCE that was conducted showing a safe PDL of Light-Medium. His actual PDL for the job description is Medium-Heavy. Current

medications include Mobic and Amrix.

Office note of 9/08 from Dr. shows “near full range of motion in the knee today with no gross instability...Mental status in within normal limits...” Pain reports were minimal. Patient was working modified duty and still wearing the knee sleeve. . Treatment plan was for patient to be advanced to work full-time, full duty.

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

Current request was for 5x2 Work Hardening. The request was dated 9/02/08. However, Dr. report, dated 9/5/08 states that “patient has been referred to for consideration of a work conditioning program, however, at this time...he does not think he needs the work conditioning program to attempt to RTW full duty. I see no reason why he should not proceed in this direction.” Dr. released the patient back to work at that time, and there is nothing in the reports submitted for review to indicate that the patient is not still at work without restrictions. Therefore, there is no medical necessity for the work conditioning/work hardening program.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)