Notice of Independent Review Decision

DATE OF REVIEW: 10/13/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The services under dispute include a work hardening program five times per week for a total of two weeks. (10 sessions)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Doctor of Chiropractic with greater than 10 years of experience.

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)

The reviewer agrees with the previous adverse determination in its entirety.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties: Healthcare and from workers compensation services.

These records consist of the following: 11/10/07 through 2/16/08 examination reports by MD, 12/1/07 Relafen script, handwritten evaluation of 2/16/08 (unknown provider), PPE 9/28/07 by DC, dispute of MMI by MD on 8/11/08, treatment plans of 7/10/08 to 7/19/08, 7/14/08 through 7/18/08 pain program notes, 7/18/08 interdisciplinary conference sheet, 7/19/08 weekly summary and patient time sheet from 7/14/08 to 7/18/08.

Coventry: 8/14/08 LMN letter by DC, 8/8/08 PPE, 8/6/08 document by Ph D, LPC and 7/24/08 denial letter for CPM.

We did NOT receive a copy of the WC Network Treatment Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:
This gentleman was injured on xx/xx/xx while employed with an unknown party. The records indicate he hit his head when he stood up from a squatting position. He remains off work at this time with complaints of many different sensations of pain in his head and neck. He also complains of difficulty sleeping, over head reaching, driving and all ADL's.

The report by Dr. indicates the work status as, "patient is currently off work. The patient must be able to lift and carry objects of weight, bend, stoop, squat, climb, reach out/over and is still unable to return to work due to (emphasis added) physical disabilities, depression and anxiety."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
Dr. letter notes the ODG requirements for entry into the requested program; however, it is very vague as to the actual findings of the psychological assessment utilized to determine that this patient is indeed a candidate for the requested program.

Under psychological assessment, Dr. letter states "a treatment plan has been created to address the psychosocial barriers that will assist the patient with becoming independent, back to work and self-reliant. However, he does not identify any specifics about the treatment plan in question.

The ODG indicates the following as requirements for admission into a return to work program; 1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).
(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.
(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.
(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
(5) A defined return to work goal agreed to by the employer & employee:
(a) A documented specific job to return to with job demands that exceed abilities, OR
(b) Documented on-the-job training

(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.
(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.
(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

Per the records provided, this injured worker does not meet criteria 5 and 6. Therefore, the program is found to not be medically necessary at this time.

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)**