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Notice of Independent Review Decision

DATE OF REVIEW: October 10, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of work hardening

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of 10 sessions of work hardening

ODG has been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who was injured on xx/xx/xx, when he tripped over a bag and fell forward jerking his head, neck, and low back region and finally fell on his knees, mainly right knee. He apparently did strike his head when he fell forward but had no loss of consciousness. He had a history of motor vehicle accident (MVA) as well as low back injury in xxxx.

The patient initially visited an emergency room (ER) for headache and pain in the low back, neck, and right knee. Later, he was seen by , D.O., who diagnosed cervical myalgia with strain, posttraumatic cephalgia, lumbar strain, right knee contusion/strain, sacroiliac strain, thoracic strain, cerebral compression syndrome, right ankle strain, and left knee strain. He prescribed medications and placed the patient off work. X-rays and magnetic resonance imaging (MRI) of the right and left knee were unremarkable. In a physical performance evaluation (PPE), the patient qualified at a light physical demand level (PDL), which matched his job PDL. Active therapeutic kinetic activities were recommended.

In a designated doctor evaluation (DDE), , M.D., rendered the following opinions: (1) The patient was at clinical maximum medical improvement (MMI) as of April 2, 2008, with 0% whole person impairment (WPI) rating. (2) The extent of the

injury would include bilateral knees, ankle and closed head injury. (3) Based on the FCE, he would be able to return to full duty.

, M.D., noted the patient was doing well on Ultracet and Lidoderm and was waiting for lumbar facet injections.

, M.D., a designated doctor, noted the following: *MRI of the lumbar spine in 2000 revealed mild disc spondylosis with central posterior outer annular fissure at L4-L5.* She rendered the following opinions: (1) Extent of the injury was lumbar sprain/strain, cervical sprain/strain, and thoracic sprain/strain, and bilateral knee contusion/sprain. (2) The patient had not reached MMI and was currently pending work hardening as well as injection therapy. (3) He should complete work hardening program (WHP) prior to return to work.

MRI of the thoracic spine revealed severely limited evaluation secondary to patient motion. MRI of the lumbar spine revealed: L4-L5: degenerative disc disease (DDD) and diffuse bulging disc associated with tiny posterior central protruded disc and bilateral foraminal stenosis and spinal canal stenosis. L5-S1: Mild left foraminal stenosis and borderline right foraminal stenosis. EMG/NCV study of the lower extremities was normal.

In July, requested for pre-authorization for 10 days of WHP. It was stated: *“the patient is currently off work. The patient must be able to sit for long periods of time, bend, stoop, squat, reach out/over, and is still unable to return to work due to his physical disabilities, depression, and anxiety.”*

On July 21, 2008, , D.C., denied the request for WHP with the following rationale: *“The ODG requires a return to work PDL of medium or higher to qualify for WHP. Patient’s occupation requires a light PDL. The ODG also requires functional limitations precluding ability to safely achieve current job demands. The patient’s PDL matches that of his job. He is a xx-year-old man who reportedly was injured on xx/xx/xx, when he tripped over bag used to prop door open sustaining injuries to both knees. It is reported that he had previous chiro/PT, but no records are available. He attempted to return to work, but could not sit for long periods of time. , D.C., is recommending WHP. Most recent FCE revealed the patient to be functioning at a light PDL. His occupation carries a light PDL. Psychological evaluation revealed Beck Depression Inventory (BDI) of 38 and Beck Anxiety Inventory (BAI) of 31. DDE dated June 7, 2008, by , M.D., recommended a WHP.*

Dr. responded to this as follows: *“The patient has returned to work previously and was not able to continue as his job requires long periods of sitting. He continues to experience back and knee pain that is worsened by sitting, walking, pushing, pulling, and bending. He continues to use a cane for ambulation and continued deficits in upper extremity strength and bilateral knee ROM are noted. The WHP will provide daily rehabilitation service to promote increased ability to perform work duties. In addition to daily rehabilitation services, the program will also incorporate weekly group psychotherapy to address any fear avoidance, reduce irrational fears regarding activity and pain, and implement distraction skills, deep breathing, guided imagery, and coping skills training to improve pain management while performing work duties, stabilize symptoms of depression and anxiety, and promote a transition of thinking from patient to worker. Although the patient’s required PDL is light, there are specific job demands that*

pose barriers to recovery. WHP is the only program that focuses directly on performing essential job functions while also providing a psychological component. Based on the current documentation, he is in need of both services.”

On August 15, 2008, , D.C., denied the appeal for WHP with the following rationale: “The current clinical information reveals that the patient is a xx-year-old and is status post work-related injury as of xx/xx/xx. The patient is reported to have sustained injuries to his knees and low back as a result of tripping over a bag on the floor. The patient is reported not to have any evidence that he is a surgical candidate. The patient has been evaluated and is capable of light duty, which is what his job description is listed as. The patient has also completed at least four weeks of active rehabilitation, which is evidence that psychological issues are not preventing participation in therapeutic exercise. Given the patient’s current physical capacity level as well as the fact that there are no psych issues that are preventing participation in active exercise, there is no current clinical evidence to support the necessity of the requested WHP.”

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

The objective findings in this case included normal neurodiagnostics of the lower extremities, normal MRIs of both knees, and MRI of the lower back reported to demonstrate degenerative changes. A functional capacity evaluation reported that the claimant was in the light physical demand level and that was a match for his required work physical demands. ODG treatment guidelines stipulate work hardening for physical demands at work in the medium or higher level. In this case, the employee satisfies his required work PDL or light physical demands.

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**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**