

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 04/22/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Ten sessions of a work hardening program.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., neurologist, Board Certified in Neurology and Pain Medicine, fellowship trained in Pain Management

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
836.0	97546		Prosp.						Overturn
836.0	97545		Prosp.	10					Overturn

**INFORMATION PROVIDED FOR REVIEW:**

- Case assignment
- Letters of denial dated 03/10/09 and 03/18/09, URA documentation and criteria for denial.
- Treating doctor's evaluation and followup dated 03/31/09, 03/11/09, and 03/05/09
- Work hardening assessment, psychosocial history, 03/03/09
- Functional Capacity Evaluation, 02/11/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant sustained a work-related injury on xx/xx/xx after a motor vehicle accident resulting in knee injury with meniscal tear. The claimant underwent surgery on 02/18/08 including a partial meniscectomy and chondroplasty, which was followed by physical therapy as well as individual psychotherapy sessions. This claimant did document improvement in functionality scores.

The claimant then underwent a chronic pain management program for another twenty sessions, as well as twenty sessions of work conditioning. It appears that the claimant did make progress, having reached a median level of PDL, though return to his previous job duties required him to achieve heavy PDL range. Therefore, a request for further work hardening was made, as the evaluators felt that this claimant did have a good probability that he would be able to achieve the higher level of functioning and, therefore, return to his previous occupation of mover. The claimant has been treated, in addition, to the above with medications including short-acting opioids as well as anti-inflammatory pain relievers.

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

Though it does appear that this claimant has already undergone several modes of treatment, including those that are considered "tertiary" such as involvement in a chronic pain management multidisciplinary program. However, though the claimant's motivation to return to work has been established and appears that the effort has been made consistently, it is felt that he has not yet been able to achieve functioning levels that would allow him to return to his previous line of work. Documentation by those that have cared for this claimant does indicate the opinion that there is a "good probability" that he would be able to advance to the higher level of functioning, given the additional treatments. I have no reason to dispute that opinion made by the individuals directly involved in his evaluation and care.

Though it is certainly unpredictable as to whether the additional treatments would "guarantee" that this claimant will achieve the level of functioning that is hoped, I do feel that it is reasonably necessary to give him a chance to do so. It appears that when pushed to the higher levels of functioning in his previous physical therapy and work conditioning sessions, his limits were being reached at the time, implicating that perhaps additional treatments may allow him to progress further.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).