



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 04/23/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening Program for Ten Days/Sessions

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

Board Certified in Preventative & Occupational Medicine
Board Certified in Family Practice

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Position Description, , 02/08/04

- Initial Behavioral Medicine Consultation, , LPC, 12/23/08
- Physical Therapy Progress Note, , PTA, 01/06/09, 01/08/09, 01/12/09, 01/14/09, 01/15/09, 01/19/09, 01/20/09, 01/21/09, 01/27/09, 01/29/09, 02/04/09
- Follow up Note, , D.O., 01/12/09, 03/16/09
- Physical Therapy 30-Day Re-evaluation, , P.T., 01/19/09, 01/29/09
- Referral for Consideration of Psychothropic, M.A., 02/10/09
- Psychological Testing Results, , M.A., 02/10/09
- Work Hardening History and Physical, Dr. C , 02/16/09
- Case Consultation Note, , LPC, 02/16/09
- Functional Capacity Evaluation, P.T., 02/16/09
- Orthopedic Evaluation, , M.D., 02/19/09, 04/07/09
- Employer Job Description/Employer Contact Form, Unknown Provider, 02/23/08
- Recommendation of Medical Separation, , 02/25/09
- Work Hardening Program Pre-Authorization Request, , M.S., 02/27/09
- Impairment Rating, M.D., 03/06/09
- Reconsideration Work Hardening Program Pre-Authorization Request, , M.S., 03/19/09
- Denial Letter, ., 03/25/09
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained an injury to her right knee on xx/xx/xx while in a restraint at and fell, hitting her right knee on the concrete. She had undergone physical therapy and an impairment rating, which placed her at 0% whole person impairment. Her current medications include Elavil and Tramadol.

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

10 Days/Sessions of a work hardening program are not medically reasonable or necessary.

According to the Official Disability Guidelines (ODG), one of the criteria for considering a work hardening program is that the individual would be expected to benefit from this intervention. Additionally, the ODG states that the patient would not be a candidate for surgery or other treatments that would improve function. With these two items in mind, it is noted that on 03/16/09, Dr. stated that they were going to request orthopedic and pain management referrals, which is indicative that further considerable treatment is being anticipated. On 04/07/09, Dr., an orthopedist, indicated that the patient would be a good candidate for operative arthroscopy, chondroplasty and possible meniscectomy. He did not consider the patient to be at maximum medical improvement (MMI) given the aspect that she was going to undergo the operative intervention. As such, significant additional treatment is being contemplated. A work hardening program would not be

appropriate. Additionally, we must consider whether or not the individual would be expected to benefit. Imaging studies reportedly showed evidence of degenerative and osteoarthritic changes. Based upon this, it isn't evident that an aggressive and intense exercise program would actually improve her symptoms, but on the other hand may actually make her symptoms worse. As such, when we consider these two factors the individual does not meet the ODG criteria for a work hardening program. I would uphold the denial.

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)