TMF
Health Quality Institute

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Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 08/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening (97545, 97546) from 12/29/09 through 03/11/09

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

The TMF physician reviewer is a licensed chiropractor with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the Work Hardening (97545, 97546) from 12/29/09 through 03/11/09 was not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 07/30/09
- Billing Retrospective Review – 02/03/09

- EOB information from 12/29/08 to 03/11/09
- Letter of Medical Necessity – 04/21/09
- Functional Capacity Evaluation – 12/18/08
- WC/WH program daily notes from Rehab 2112 – 12/29/08 to 03/11/09
- Psychology Group Notes – 01/06/09 – 03/03/09
- Case Management Summary for Work Hardening – 12/30/08 to 03/24/09
- Neurological examination (illegible name) – 11/13/08
- PT therapy notes 11/14/08 to 03/09/09
- Chiropractic Evaluation by Dr. – 11/24/08
- Work Status report form Rehab 2112 – 01/08/09
- Consultation by Dr. – 12/04/08
- Interim FCE – 02/02/09, 02/24/09, 03/11/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he was lifting a barrel of trash when he felt a sharp pain in his back causing it to lock. The patient has received chiropractic treatments in addition to a work hardening program from 12/29/08 through 03/11/09. The patient was initially seen on 11/13/08. He was evaluated and a chiropractic and therapy program was begun. He was referred for a FCE and the report recommended that the patient begin a work hardening program. He began the program on 12/29/08. The records indicated he completed 39 work hardening sessions. The records indicted he completed the 17th session on 02/02/08 which is the same day he completed the interim FCE. He completed the 30th session on 02/24/09 which was the same date he completed the final FCE. The 39th and last session was completed on 03/11/09 which was the same date of the lift test.

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

The medical record documentation includes what appears to be a job description for a “” cutting department. The letter reveals: standing/walking 8 hours, opening bales, lifting barrels-25 pounds. Light Duty Job description: sitting position: 8 hours, usage of hands-8 hours, lifting 3-5 pounds-8 hours, bending-occasional. The patient exceeded all this criteria on his initial FCE. The records also indicate that the patient claimed his job description required lifting in excess of 100 pounds. Regardless of this apparent discrepancy, this patient did not meet the ODG’s criteria for admission to a work hardening program. Specifically, (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. (It was not

until after the 17th session that interim FCE to measure his progress was completed) and (8) Program timeliness: Work Hardening Programs should be completed in 4 weeks consecutively or less (the work hardening program lasted approximately 10 weeks). This company's procedure recommended 30 sessions of work hardening as indicated on the initial session which shows session 1 of 30. After the 30 sessions, they recommended 10 more. This far exceeds the OGD treatment guidelines. Therefore, it is determined that the 39 work hardening sessions from 12/29/08 through 03/11/09 were not medically necessary to treat his on the job injury.

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)