



Notice of Independent Review Decision

DATE OF REVIEW: 11/24/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten Sessions of Work Hardening Program

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

Licensed in Chiropractics

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.

Ten Sessions of Work Hardening Program - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Job Description, Undated
- Patient Referral and Intake Form, Healthcare Systems, 05/04/09

- Evaluation, M.A., L.P.C., 06/12/09
- Examination Findings, M.D., 06/19/09, 07/17/09, 08/14/09
- Request For Pre-Authorization, Ms. 07/20/09
- Physical Performance Evaluation (PPE), Healthcare Systems, 07/20/09
- Daily Progress & Therapy Notes, Healthcare Systems, 07/28/09, 07/31/09, 08/03/09,
- Pre-Certification Request, Rehabilitation Center, 08/25/09
- Notice of Determination, 08/31/09, 09/24/09
- Request for an Appeal, Rehabilitation Center, 09/11/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient slipped on the floor while performing her duties. She underwent chiropractic therapy for three weeks, had no treatment for approximately a year, and then had a few more weeks of chiropractic therapy. Approximately one year after that, she entered into a pain management clinic. Most recently, she had undergone a Physical Performance Evaluation (PPE) and physical therapy. She was also treated with Darvocet N 100.

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

Ten sessions of work hardening program are not medically reasonable or necessary.

Based upon the Official Disability Guidelines, this patient would not qualify. The guidelines specifically detail the criteria for admission into the work hardening program. The patient does not meet all of these requirements; most specifically, the requirement that the patient be less than two years from the date of injury. She is now approximately xxxx years from the date of injury. The guidelines also indicate that the patient must have a documented specific job to return to with job demands that exceed her abilities. Based upon the indication here, the patient's position would be at the light job demand level and she is already demonstrating performance at the light/light medium job demand level; therefore, she does not meet that requirement. Also, a work-related musculoskeletal condition with functional limitation precludes the ability to safely achieve current job demands which are in the medium or higher demand level; not clerical or sedentary. The patient's requirements are at the light demand level, which is a little vague there, but it could be an intervening factor. Also, the FCE shows consistent results demonstrating capacities below the employer's physical demand analysis and, as previously mentioned, the patient is functioning at the level required by the employer. Therefore, my recommendation is for denial of the requested ten sessions of work hardening based upon the Official Disability Guidelines.

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)**