

SENT VIA EMAIL OR FAX ON
Feb/17/2009

Independent Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW:

Feb/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 80 hours

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

Chiropractor
AADEP Certified
Whole Person Certified
TWCC ADL Doctor
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 11/18/08 and 12/18/08
Records from A- 4/2/08 thru 1/21/09
Ameritox 10/3/08 and 9/3/08
FCE 12/1/08
11/12/08
Healthcare 5/8/08 thru 12/8/08
Radiology Report 1/2/08
OP Report 2/1/08

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx. The injured employee was injured when he was involved in a MVA. The injured employee underwent

advanced medical testing and eventually underwent posterior arthrodesis at C3-4 and C4-5 with instrumentation allograft and autograft on 2-01-2008. On 11-12-2008 the injured employee was assessed at MMI and assigned a 5% impairment rating. On 11-10-2008 psychological evaluation was performed and revealed a BDI of 23 and BAI of 13 with a current pain level of 0-2/10VAS with only Lidoderm patch. FCE revealed that the patient was performing at a Medium PDL and the injured employee PDL requires a Sedentary. Ten (10) sessions of work hardening are now being requested.

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

The injured employee currently does not meet the required guidelines for 10-session work hardening program according to the ODG Admission Criteria and the records submitted for review:

In review of the documentation submitted the injured employee does not meet the criteria for 10-sessions of work hardening.

- The documents reviewed do not provide evidence of #2 in the documentation reviewed.
- Documentation does not support #3 as the injured employee is currently at MMI, pain level 0-2/10, and at a Medium PDL.
- Additionally, ODG 2007 Neck and Back recommends WH in cases of "Work related musculoskeletal condition with functional limitation precluding ability to safely achieve current job demands, which are in the medium or higher demand level". The injured employee's occupation carries a Sedentary PDL.

Criteria for admission to a Work Hardening Program:

1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
2. A defined return to work goal agreed to by the employer & employee:
 - a. A documented specific job to return to with job demands that exceed abilities,OR
 - b. Documented on-the-job training
3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[] ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)