

Notice of Independent Review Decision

DATE OF REVIEW: 01/22/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work conditioning program daily for four weeks for a total of twenty sessions.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., Diplomate of Congress of Chiropractic Consultants, active clinical chiropractic practice for 24 years, Texas Department of Insurance Division of Workers' Compensation Designated Doctor, Maximum Medical Improvement and Impairment Rating for the Texas Department of Insurance Division of Workers' Compensation

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
727.04	97546		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial, 12/11/08 and 01/02/09 including criteria used in the denial
3. Treating doctors correspondence, 12/04/08 and 12/22/08
4. Functional Capacity Evaluation, 12/15/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The records indicate the patient was injured on the job on xx/xx/xx. She received treatment in the form of therapy as well as carpal tunnel release. Based upon the documentation, it appears that this patient had an FCE that indicated she was only capable of providing a sedentary job classification. Her job requirement is for a light duty job classification. However, the treating doctor requested a work conditioning program daily for four weeks for a total of twenty sessions.

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

The difficulty with this is that the ODG physical therapy guidelines for a work conditioning program only allow ten visits over eight weeks. In addition, with all physical therapy programs, a work conditioning program or participation does not preclude concurrently being at work. Given these guidelines, it is not usual, customary, reasonable, and/or medically necessary for this patient to receive twenty work conditioning therapy visits over a four-week period of time.

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

Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)